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The Public and the Survey

By The Hon. VINCENT MASSEY, P.C., LL.D.

I deeply appreciate the privilege of addressing the members of the Canadian Nurses Association on the occasion of their Biennial Meeting. I confess as I look through your programme and see the formidable array of expert knowledge representing so many departments of the professions of medicine and nursing, I wonder just why your distinguished body has been exposed to the uninstructed observations of a mere layman. But I assume that it is a tradition on such occasions as these, when practitioners of the healing art assemble, to produce a member of the lay public as a sort of exhibit, to keep their scientific minds down to earth. It is, therefore, as a representative of what might be called the raw material of nursing that I am happy and contented to come before you this evening.

It may seem rather obvious for visiting laymen to pay compliments on such an occasion as this, but I can assure you our tributes to your high vocation do not lack sincerity. Perhaps in moments of disappointment or discouragement you may not be aware of the profound sense of gratitude which the public as a whole feels towards the great corps of nurses to whom it owes so much. I know for my part I feel that anything which may be said by way of praise or compliment to the nurses of Canada can only involve one error, that of understatement. I have been reading here and there enumerations of those virtues which should be the possession of the ideal nurse. On perusing these statements, they seem so complete, so all-embracing, that one might think one was scanning the specifications for an archangel, but there are few of us who have come in contact with representative members of your profession who do not know how often such lists of qualities are in no sense an extravagance.

I am glad to know that a profession which means so much to our young country has grown in numbers so strikingly in the present generation. One can hardly believe that in less than twenty years the number of nurses and student nurses in Canada has increased more than five times, from fewer than 6,000 in 1911 to more than 30,000 in 1930. This is not simply a reflection of the wider application of medicine or the general growth of medical personnel. As it happens there are relatively fewer doctors of medicine in Canada today than there were ten years ago. In 1921, we learn there was one physician to 947 people in Canada. In 1930, the ratio had dropped to one to over 1,000 of the population. In the corresponding period the relative number of nurses has, however, risen strikingly. Ten years ago we are told there was one nurse to 411 persons. Now apparently the figure is one to about 340. This significant growth in the number of nurses in Canada covers the period of the war. We had some 5,000 nurses in 1911. By 1921 the numbers had risen to over 21,000. Wars bring few benefits to society, but your profession provides an exception to this rule. Just as it was the ordeal of the Crimean campaign which through Florence Nightingale's genius first gave trained nursing to the world; it was the Great War which elevated your profession to the high place which it occupies in the community today.

(Canadian Nurses Association, General Meeting, June 21, 1932, Saint John, N.B.)

The increase in the number of nurses in Canada in the last decade suggests several important conclusions. It most certainly makes clear that there is no dearth of young women in our country who are prepared to enter an arduous service. Again, the growth in your numbers in response to public demand reveals a national recognition of the importance of your functions. It indicates, too, and this is most significant, a pressing obligation on the part of the public of today to consider the status and to recognise the needs of this great body which has grown up in its midst. There is an urgent necessity for a searching examination into the training, the educational standards, and the economic position of such an important profession and its general relation to the society which it serves. Such an examination one is happy to think has taken place in the recently published "Survey of Nursing Education in Canada," by Professor G. M. Weir, of the University of British Columbia. I should like to congratulate not only Professor Weir on a most admirably conceived and executed survey, but also the Canadian Nurses Association and the Canadian Medical Association, under whose joint auspices it has been conducted, on the imagination with which this most important inquiry was undertaken.

The thoroughness of the examination is most impressive. Nothing seems left out. For one fleeting moment I thought the inquiry too searching. On turning its pages I saw the heading, "Appraisal of the Patient," and then a few pages on something about intelligence tests. "Good heavens," I said to myself, "has the patient been appraised too?" And my mind ran back to occasions when I should have shrunk from such an assessment, and I could think of such adjectives as irritable, unruly, impatient, which could have been applied. And these intelligence tests! Are patients to be submitted to intelligence tests as well as to other forms of tests? A terrifying thought! But I was comforted to discover that the appraisal of the patient meant appraisal by the patient. I am sure that there are few nurses who would not emerge from such an examination with satisfactory honours.

There is, of course, no greater indication of vitality on the part of any institution than a spirit of self-criticism. Complacency and self-satisfaction can only indicate stagnation and inertia. On reading the Report one is conscious that the actuating motive behind its inception has not been only to seek a remedy for the economic difficulties in which the nursing profession finds itself today, great as these are, but also by taking the long view, to see in what manner the profession may equip itself even better to serve the community to whose welfare it is dedicated. I wish that more organisations would from time to time address themselves as you have to such an honest self-criticism and broad-minded inquiry as is revealed in Professor Weir's Report.

I am glad to see Canadian nursing approached as a national Canadian problem. It is only by so viewing it that we can deal with it appropriately. Nursing has a peculiar relation to Canadian history and tradition. It represents a significant thread in a national fabric. I entirely agree with Professor Weir in his suggestion that the time has arrived when the history of nursing in Canada might well be written for the enlightenment and inspiration of the Canadian nurse of the future. I am not speaking simply in words of empty compliment when I say that the qualities represented by the profession are such as to inspire a special pride in the minds of Canadian citizens. We have already something not unimportant to teach the world on this great subject. During the years I lived as your representative in Washington I was very conscious of the position which the Canadian nurse occupied in the American community. There are thousands of families in the United States whose knowledge of Canada is

limited to those representatives of your profession who have helped their households through some trying crisis. Nursing, as you probably know, represents one of three or four occupations through which Canadians have acquired an important position in the life of the United States, and although I was sorry to see such people lost to Canada, I was proud of the quality of this "export," if I may use the term, for which your profession has been responsible. You, too, should be happy to realise the standing which your representatives (there must be many hundreds of these, if not thousands), have acquired over the years in the neighbouring republic. When I asked myself, as I often did, just what are the qualities through which Canadian civilisation makes its contribution to the world, I found it always hard to answer in the abstract. But the presence beyond our boundaries of so many nurses whose services are so earnestly sought, suggests the fact that some of the qualities which the outside world recognises as being Canadian and deeply prizes are the qualities represented by Canadian nurses, born in Canada, educated in Canada, and trained in Canada. All honour to them.

Nursing, let me say again, is a peculiarly Canadian subject, so I am glad to see that we are examining this great Canadian profession through Canadian spectacles. Science, it is true, will tolerate no national boundaries, and should have no such limitations imposed upon it, but in the application of scientific knowledge the practice of one nation may differ from that of another. I think it entirely right and fitting that in all departments of the great field of medicine, as indeed in all else, we should ask ourselves what is the appropriate way to do a certain thing in terms of Canadian life and Canadian traditions. There is more often than we realise a definitely Canadian way of doing things. This will frequently differ from the practice of other people who in many ways are much like ourselves. It may be an impertinence for a layman to say so, but I think there is a very great danger that we should, even in the field of medicine, accept unthinkingly practices and principles which may be appropriate in another country but not be so applicable to our own. For one thing, we have a relatively small population. It is unnecessary for us to imitate a larger nation in terms of mere magnitude and complexity. We are often able to keep the virtue of simplicity, not forgetting that simplicity is virtue. We have through the years developed in medical science our own traditions in many respects, and have struck our own qualitative standards. Let us be true to them.

If I may carry this indiscretion a step further, I should like to suggest that in the intense specialisation of American medicine there is a very definite evil for us to avoid. It is true that with the growth of scientific knowledge its content must be more and more departmentalised, but such subdivision cannot be allowed to escape the over-riding synthesis of trained and educated minds. The system to which the patient may now be frequently exposed in the interest of the diagnosis and cure of his ailment no doubt reveals an efficiency no less striking than that which has made Mr. Ford's factories so famous. But surely mere mechanism must be a complement to, and not a substitute for, a wise intelligence which views the human body as a whole and not merely as an assembly of spare parts. One of the greatest dangers with which society is confronted today, in my opinion, is the danger that comes when a specialist directs instead of remaining an advisor. Society would collapse without the expert, but when he is in control, whether the field be a Disarmament Conference or a College of Medicine, the whole will almost inevitably be sacrificed for the part. A recent writer has pointed out that most men long trained in a special experience have a vision limited by the character of that experience. The great profession of healing as

represented in Canada, however, is happy in possessing many men who, like Sir William Osler, have the vision to see their own branch of knowledge in relation to life as a whole. Let us remain true to this tradition. I congratulate the director of your Survey on approaching his great subject in precisely this spirit. Whether he is discussing the education of nurses, or the employment of nurses, or the relation of the nurse to the doctor, he takes the broad view. Your profession will be the greater for the perpetuation and embodiment in its future plans of such an attitude of mind.

In many ways, as a matter of fact, the nurse is a conspicuous example of the importance of balance and proportion in personal qualities, in education and in professional outlook. For one thing, no calling so demands a delicate adjustment between head and heart. Enthusiasm, a spirit of service, capacity for sacrifice,—these are obviously essential, but one would not contentedly hand over a major surgical dressing to a nursing attendant in whom emotional fervour took the place of professional knowledge and skill. Laboratory training is essential, but a nurse is only half a nurse whose interest in test tubes and chemical formulae is so great as to exclude the human element. I was interested in seeing that your Survey invokes the names of two great figures, one from our early French history and the other from our English tradition, who suggest in their own careers these two great blended elements in the nursing profession. Jeanne Mance, the heroic French woman, who almost three centuries ago established her hospital at Montreal, was the first Canadian nurse—the first North American nurse. It might be well if her memory could be commemorated by the profession of today as its virtual founder in Canada and one who represented in a high degree the spirit of passionate devotion and self-sacrificing service which runs like a bright thread through the history of your vocation down to the present. The other figure is, of course, that of Florence Nightingale. Despite the sentimental interpretation of her character—the legend of the "Lady of the Lamp"—she represents the intellectual quality no less essential to the balanced nurse. Lytton Strachey has painted her correctly, the woman of education, possessed of a veritable demon for reform, and the spread of medical knowledge and its application, before whose righteous fury medical officers wilted and ministers of war succumbed. But both these great women possessed the ideal qualities of the nurse in true proportion. Jeanne Mance supplemented her missionary zeal with an organising capacity which left the Hotel Dieu at Montreal to stand for generations as the doyen of Canadian hospitals. On the other hand, Florence Nightingale, for all her commissions and blue books, was primarily a great nurse, revealing not only genuine statesmanship and genius for organisation, but in her personal service the human compassion which was the actuating motive of her extraordinary life. They both had, too, a touch of that divine madness without which great accomplishments can seldom be achieved—an obsession with the objective to be attained which reduces all things in terms of one dominating theme. I like the story which Strachey tells of Florence Nightingale. During a period when she was engaged in the reform of the medical services of India—incidentally from her sick-bed—she had a visit from a great religious leader, the Aga Khan. "She expatiated on the marvellous advances she had lived to see in the management of hospitals, in drainage, in ventilation, in sanitary work of every kind. There was a pause; and then, 'Do you think you are improving?' asked the Aga Khan. She was a little taken aback, and said, 'What do you mean by 'improving'? He replied, 'Believing more in God.' She saw that he had a view of God which was different from hers. 'A most interesting man,' she noted after the interview; 'but you could never teach him sanitation.'"

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I think it significant that your Survey, although it covers all sides of the problem of modern nursing in Canada, should be given the title, "Survey of Nursing Education." The report deals exhaustively with the functions of the profession, the administration of nursing services, and the financial status of the nurse, but education and training are regarded as so fundamentally important as to provide the title of the whole work. This I believe is entirely right. These questions are basic. Of first importance are the training of nurses and the education which should lie back of that. But these are, of course, two vastly different things. The *training* for any profession should equip the candidate with the tools to work with, but whatever *education* he or she is able to acquire has as its purpose the training of the mind for the more intelligent use of these tools. I should like unreservedly to throw myself on the side of those who believe that the technical training for any profession should be accompanied by, or preceded with, as adequate and liberal an education as circumstances make possible. Your Survey points out the slender requirements which are now demanded of the candidates for a course in nursing in some parts of our country. In some cases the nurse-to-be, we learn, enters her career with whatever learning can be acquired in the elementary school and no more. The average standard of education required in Canada is that of two years in the High School—sometimes two years of only six months each—and one may be sure that the career of a nurse in training allows for no leisure to amplify a liberal education which has been prematurely interrupted. This is no place in which to discuss details and it would be an impertinence for me to attempt to do so, but I hope it is not inappropriate here to express the belief that it is in the interests both of your great profession and the public which you serve, that the educational standards demanded of the candidates who request admission to your ranks should be steadily and generously raised. Nursing as a great calling deserves better than that it should be left as the Cinderella of the professions in the matter of educational standards.

The principles on this subject expressed in your Survey can, of course, be applied to all professions. The scientist, however brilliant he may be, is severely handicapped if he cannot express the results of his experiments in clear and lucid English. One might go further and say that the lawyer is a less effective lawyer whose training has been so narrow as to be limited to the technique of the law. An engineer is a better engineer if his imagination has been stimulated by something beyond his routine training. I have no doubt in my mind that a nurse is not only a happier woman but a better nurse as well if she is in the possession of what a liberal education can give her. The objections raised by the reactionary to such an opinion as this, it seems to me, not only reflect a narrow view of the nursing functions, but also reveal a misconception of education itself. What should be the contribution of the years spent in study in a High School? I refer, of course, to the time after the mere tool subjects, "The three R's," have been acquired. To put it plainly, what good to the trained nurse will be the history, languages, geography, literature, mathematics, she may study before commencing her training? She will, of course, learn little of which she can make a direct application to her future work. She will not be able to apply her knowledge of the French Revolution, or her recollection of German verbs, or even a painful memory of Algebra, but through such mediums as these, however few facts she may remember, she will have been helped if properly taught to acquire a trained intelligence, a balanced judgment, a quickened sympathy, and a cultivated mind. All these qualities, I think I can suggest without fear of contradiction, are not without significance in the sick-room, or in the hours

off duty. I mention the latter because we must not forget the use of leisure in our consideration of a nurse's education. Education must equip us for recreation as well as for work. The best test of a liberal education, indeed, is to ask how far does it equip us to make an appropriate use of what leisure we have. I apologise for these observations on education. They may, I am afraid, appear very elementary to this audience tonight. You, I am sure, would not disagree with me in what I have said, but here and there we know there still exist honest-minded observers whose views on this subject possess what I hope it will not be offensive to call a primitive simplicity and to whom one will be pardoned for speaking in equally simple terms.

So much for this important question of education. There is another even more urgent problem which is pressing for solution just now. It is presented by two striking statements in the Survey, which read in conjunction are very far-reaching in their implications. Forty per cent. of the nurses engaged in private service, we are told, are at present almost continuously unemployed. The average private duty nurse, for example, is apparently in work for fewer than thirty weeks in a given year. Again, there are at present in Canada over 7,600 inactive registered nurses. So much for that side of the problem. On the other hand, fewer than thirty-eight per cent., just over one-third, of those persons in Canada who require nursing services are able to obtain them. In other words, nearly two-thirds of the people in this country ill enough to need the services of a trained nurse cannot afford to employ one and are forced to fall back on the care of unskilled attendants. I fancy that most of us in the non-medical world were unaware of this serious gap between the supply of nurses and those who need their services.

This dis-equilibrium has no doubt been aggravated by the present maladjustment of our economic life, but after all hard times frequently bring out in higher relief the evils which normally exist unseen behind the facade of artificial prosperity. At present, the nursing profession is suffering in an economic sense from deficiency of employment, just as the public is suffering in a medical sense for the want of nursing services. Both problems are sufficiently grave, and the former, I think, little understood. Most people have entertained an entirely false idea of the earnings of a nurse engaged in private service. If the patient multiplies his nurse's weekly cheque by fifty-two and thinks he has arrived at her yearly income he is vastly mistaken. The average private duty nurse, so we are told, in most parts of Canada, earns annually less than that of the elementary school teacher in the same province. And the latter, we must remember, enjoys steady employment, an annual vacation, and for the most part, I believe, participation in a pension scheme. On the other hand, under present conditions it is quite clear the public suffers too. We have made some effort to provide for the indigent, it is true, but to the wage-earning family and the family of moderate means, the cost of a serious illness presents a grave and, in many cases, an insuperable problem. What is to be done? The Director of your Survey has seized the nettle boldly and has advocated a socialised nursing service, based, if possible, on a system of state health insurance. I shall not attempt to discuss details. In fact, there is enough material for many discussions over the broader principles involved before details can even be considered, but if our present system of nursing is breaking down, as I think it is fair to say it is, something must be done to reorganise it on an equitable basis. And I am very glad that this proposal has been fairly and squarely placed before the public in this frank and intelligent manner.

The proposal in the Survey involves a very definite innovation in Canadian institutions. In Canada it is true the principle of state medicine is already established within certain

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limits. Public health is not only the responsibility of Provincial Governments, but in some of its aspects it is represented by the activities of a Dominion Government Department. The community as a whole supports an increasingly large number of public health nurses. Over half of the patients in our hospitals which possess 300 beds or more, we learn, belong to the indigent class, and the state, through various governments, municipal and otherwise, assumes the responsibility for their care. But to advance from the present situation to the assumption of some measure of general responsibility for the medical care and nursing of the individual members of the community is a striking development in policy. State medicine, health insurance, socialised nursing, these are terms which I am sure will evoke murmurs of "paternalism" and socialism on the part of those who have honest doubts as to the wisdom of such innovations. We shall be told that we must do nothing to weaken the moral fibre of our people, that we must preserve a healthy individualism, that we must not undermine the robust pioneer spirit of this country, that we should not hamper the enterprise of a young nation by the straight-jacket of socialistic laws, that we must not suppress the element of healthy competition in the nursing profession through the deadweight of a bureaucratic control. The risk of the suggested innovation may be real or fanciful, but let us remind ourselves again of the problem with which we have to cope. Our present system of nursing is fraught with both waste and injustice. Let me say again, only three out of eight people in Canada so ill as to require the care of a trained nurse can afford to engage one. On the other hand, two-fifths of the trained nurses in Canada are unemployed, and nine-tenths of them are within reach, geographically, of less than half our population. Can we escape a fundamental reorganisation of nursing services so that this serious gulf between supply and demand can be permanently bridged? It can be done, I believe, in only one way, by the assumption of this responsibility by our community as a whole, and by the organisation of nursing on the basis of a public service, giving the public the benefit of nursing at low cost and the nurse the boon of security in employment. (Needless to say, of course, such action can only be taken by the provinces which under our constitution have jurisdiction over such matters.)

I was struck by the analogy suggested between this present problem and a controversy which now seems to belong to the remote past. The arguments urged against the assumption by the state of a responsibility for the health of its citizens are closely paralleled by the protests a century or so ago against the admission of a public obligation to educate the individual. I believe we have reached the point where we can admit that if the citizen has a right to education, as we believe he has, he has an equal right to health. It is, therefore, I would submit, the collective duty of society to see that whatever medical science can do in the aid of human beings shall be done.

One of the very real dangers inherent in any plan for state administration in the field of nursing is, of course, that of a bureaucratic control which would deaden initiative and enterprise. But we can surely save nursing from the present waste and confusion from which it suffers and place it on a proper basis without involving any such consequences. There is no reason to suppose that the profession cannot be organised as a public service without the loss of any of those essential virtues such as initiative and enterprise which are supposed to be limited to a purely competitive system. The personnel of the Royal Navy does not lack either initiative or energy although Government vessels have long since replaced the old privateers. With the development of a naval service, indeed, came an *esprit de corps* and a new efficiency based upon it. So would it be with nursing. I believe, too, that another contributing factor to the increased

efficiency of this profession would be the relief of its members from the burden of financial insecurity which so oppresses them today.

The critic will, however, say, "This is all very well, but who is to pay for this government system of nursing?" It may be that a socialised nursing service can only be properly financed when based on a general contributory system of health insurance on a compulsory basis. This, in my personal opinion, must come. But the revenue from even that source would doubtless have to be supplemented. We must not shrink from taxation for such a purpose. The burden of taxes now, it is true, is great and growing, and caution as to fresh expenditures is, of course, wise advice. But let us remember the object we have now in view. Public health might well come before some other things which have made a drain on our public treasuries. Economies, too, might help to finance a state nursing service—not panic economies, but the normal economies which were "bad form" in the "frenzied twenties."

Less extravagance in hospital construction itself might be of assistance. At all events, a way must be found. If it is said such luxuries must wait, and that we should cut our coat according to our cloth, I think we must reject the old maxim in its relation to this problem. We must find the cloth to make the necessary coat. If we are to believe what we are told of the situation at present, it is clear that the reorganisation of our nursing services to meet an urgent need is a necessity second in importance only to the relief for those for whom there is no work. We have therefore not only a problem serious enough in normal times, but one which must be given consideration without delay even in the present emergency.

I have no doubt as to our ultimate decision in this important matter if we deal with the matter on its merits. The discussions about paternalism, individualism and socialism relating to this problem are for the most part unreal. The good British practice when there is a job to be done is to do it, and let the "isms" take care of themselves. The tags can be applied by the theorists later on. The proposed innovation is not so radical a departure as it might seem. Canada has considerable experience in the actual operation of nursing as a public service. The Victorian Order of Nurses has shown us how an *esprit de corps* and high efficiency can be maintained and promoted in a permanent body of nurses.

May I say, in passing, how glad I am that your Survey recommends the wide extension of this splendid corps? It would be a thousand pities if in our endeavours to deal adequately with the field which the Victorian Order has made peculiarly its own we allowed ourselves to duplicate or replace this tried and experienced service. The Order is one of those essentially Canadian institutions which make us proud to be Canadians. I hope we may see its operations widely extended.

Chairman, ladies and gentlemen, I have said all that I should say. Between the conclusions of your Survey and the opinion in your ranks I take it there is little disagreement. Between your views on this great subject and the general opinion of an intelligent public, I feel sure there will be no great disparity of view. Let us hope this will be so. The fundamental problem is, after all, simple, despite the complications involved in its solution. We know what nursing means. We would see its blessing extended so that none may be denied. In a recent life of Sir William Osler there is the following quotation (may I apply it to the nurse?): "And he took the clay in his hand and said, 'This is without flaw. I will mould a vessel that can stand heat and frost and hold cool water for parched lips.'" Our unquestionable aim should be that none in our community should be denied all the aid and comfort which this vessel can provide.

Whither? Presidential Address

By FLORENCE H. M. EMORY, President

Some of you have, no doubt, read an address delivered by Sir James Barrie at his installation as Chancellor of Edinburgh University, entitled "The Entrancing Life." Among other characteristic things, he points out to the student body that it is easier to cry "Onward" than to say "Whither." Until now the nursing group has been in that position precisely. Today it can scarcely be said with truth that we are without a compass for direction and a chart for instruction in reaching the promised land. Future days will reveal the degree to which an adventurous spirit will go forward and possess the land. For adventure is still the dynamic of professional life; its energising or motive force. And never has the Canadian profession been privileged to respond to a challenge so alluring, so absorbing, as that of this hour. Supremely it is an hour for stout hearts and clear heads and, given a will to accept the challenge, "fair haven" will be reached if unity, perspective and conviction be reflected in the venture.

Unity in Adventure

The two years just past have revealed unity of purpose. From coast to coast three immediate objectives have been adopted: to increase national membership, to appoint an editor for *The Canadian Nurse*, and to make effective the Survey of Nursing Education in Canada. There was an average gain in the membership of the nine provincial associations of 29% during the period 1926-1930. For the year 1931 a gain of approximately 600 or 7% over 1930 is recorded. Actual membership in the Canadian Nurses Association in 1931 was 8,624 and potential membership 15,797. That is, if every active registered nurse belonged to a provincial organisation, the national membership would be 15,797. Further effort is indicated. In the fall of 1930 a committee was appointed to study matters relating to the change of the National Office and the securing of an Editor for *The Canadian Nurse*. The ground was canvassed thoroughly, the Executive accepting, finally, the recommendations of the committee. These have been considered by provincial associations with a view to voting upon them at this meeting. The Association will do well to sanction a change of location in the National Office and to appoint an Editor for our official organ. That would release the Executive Secretary of the Canadian Nurses Association for closer contact with, and further development of, provincial associations.

Further, there has been unity of action. A spirit of adventure resulted in a changed basis of membership two years ago. At that time the Canadian Nurses Association became a federation of provincial associations, with membership in the National Association and in the International Council of Nurses through provincial organisations only. Increased contact between provincial units and the Canadian Nurses Association has resulted in a strengthening of both. Witness, for instance, plans made for the publication of the Survey Report. It was possible to work closely with provincial presidents and secretaries in an attempt to create a right attitude toward the findings, in safeguarding publicity and in the sale of Reports. The formation of provincial Joint Study Committees will go far in determining lines along which provincial action should be taken. Resultant strength from a change in the basis of membership is a marked feature of the period 1930-1932.

Unity of purpose and action are incongruous without unity of spirit. In the long last that is of vital import. There has been apparent from the east to the west that subtle, intangible thing: that thing which somehow lends a feeling of solidarity to professional endeavour. Evidence has not been wanting of a united participation of individuals and groups in moral and actual support of professional projects. Professor Urwick in his book entitled "A Philosophy of Social Progress" accentuates the value of things of the spirit. "All actions," says he, "derive their value from the part they play in the working out of the spiritual process, not from their immediate or apparent effects upon social progress. In the spiritual scale of values it is not the success of the treatment applied by the Good Samaritan which counts for much any more than it is the actual purchasing power of the two mites given by the poor widow, but simply the fact that the one did his best in a spirit of neighbourliness and the other gave her all in the spirit of sacrifice."

Perspective in Adventure

One of the pressing needs of the individual and of society is perspective. It was true in the pre-Christian era. It is true today. Of Plato it is said that he was a balanced soul, that he could see two sides of a thing. The Survey has provided perspective: it has taught us afresh that truth is many sided. At all events, it has been scientific in approach and method. Some of its findings cut deep. They strike to the core of nursing difficulties. In its pages the student nurse is portrayed. Her intelligence, her health care are examined. The nursing school is brought to the footlights, with the conclusion that financial support from the State is necessary if schools of nursing are to take their place with schools giving preparation to a sister profession. A fitting analogy is drawn between the normal school and the nursing school and oft repeated. Take courage! A quotation from "Public Education in Upper Canada," by Herbert Coleman, is apropos. Writing of the normal school in Toronto in 1847, he says "that Ryerson's efforts to establish a normal school were not sympathetically received in all quarters is illustrated by the following extract from a memorial sent to the Provincial Legislature in 1847 by the Gore District Council. After a reference to the school in question as entirely unsuited to a country like Canada, the statement is made, 'nor do your memorialists hope to provide qualified teachers by any other means in the present circumstances of the country than securing as heretofore the services of those whose physical disabilities from age render this mode of obtaining a livelihood the only one suited to their decaying energies, or by employing such of the newly arrived emigrants as are qualified for common school teachers year by year as they come amongst us and who will adopt this as a means of temporary support until their character and ability are turned to better account for themselves.' The memorandum was sent to the various district councils of the province with the hope of securing their concurrence."

Nursing conditions revealed by the Survey could be scarcely less promising than those of the teaching profession not one hundred years ago. Perhaps the most intriguing and stimulating chapters of the Report are those devoted to a discussion of the control of the graduate nurse. The socialisation of nursing services, with the formation of District Registries, of Provincial and Federal Nursing Councils, appear to offer a penetrating and intelligent, if somewhat remote, solution of baffling problems.

The Survey will provide content for convention programmes for years to come. It is a challenge to grapple with things as they are, and we are pledged to assist in making it effec-

tive. The value of the Report rests not only in providing the profession with an immense body of subjective and objective data; it has brought together in national and provincial Joint Study Committees those who have power to improve the situation. Then, too, unity, the warp and woof of professional life, has been intensified within the nursing family in the face of common danger. A word of caution! This Report is not the final publication on nursing affairs in Canada. The profession should anticipate a second Report indicating accomplishment, revealing new truth. Truth is never so complete that it may not be augmented. The desire of humanity is to be settled. The hope of the future lies with those who refuse that dictum; with those who welcome and are susceptible to an increasing body of new thought.

Conviction in Adventure

The Survey has provided perspective in a revelation of existing conditions. I submit that conviction is necessary to their solution. Just here the realist is needed. The one who sits down before facts and lets facts speak to him. He recognises the problem interpreted by factual data. He has an unprejudiced attitude toward truth. With humility, discriminating judgment and detachment of outlook he considers a projected solution. In other words, he gives the matter dispassionate consideration. I affirm the realist is needed, but not the realist alone. The idealist is needed too. To realism must be added idealism. With faith in her profession and with an imaginative adventure in the solution of its problems, the idealist is not timorous of future safety. She is prepared to dare. Nothing is more potent than a convinced idealism. The biographer of a recently published life of Florence Nightingale speaks of her as a practical idealist. Just so. She is the one who can face facts with faith, imagination and conviction; with a sense of victory not defeat; the one who sees in a complex and veiled situation opportunity for endeavour far greater, far more significant than that revealed to the one who is a realist alone.

In adventure, then, we have found a professional dynamic: through adventure we foresee attainment. Whither? On to the twenty-fifth anniversary of the founding of the Canadian Nurses Association in 1934. That will be a time of reckoning, of appraisal. The solution of some problems will require one, two or mayhap three decades, others should reflect progress in that two-year period. Of necessity we look to the national and provincial Joint Study Committees for leadership and guidance. For adventure we must: with a spirit of unity, with truth in perspective and with strength of conviction.

A Greek legend depicting the adventures of Hercules tells that one day he met two beautiful women, each of whom offered to guide him on his journey. The first told him that if he followed her he would gain love, riches and ease; the second promised him honour bought at the price of hardship, poverty, endless toil. He pondered the two offers, so dissimilar. Courageously he gave his choice to the second, who henceforth led him along a rough and thorny path, delivering the oppressed, defending the weak, redressing all wrongs. At length he was led into labours such as no man had ever yet performed. Shall we emulate the adventures of Hercules? Shall our choice be the path of difficulty, of honour: the path that will lead to professional attainment greater than has yet been experienced? That is to say: Are we willing to pay the price of professional emancipation? Whither?

Canadian Nurses Association—Sixteenth General Meeting

The Sixteenth General Meeting of the Canadian Nurses Association was held in Saint John, New Brunswick, from June 21st to 25th inclusive, 1932. The Admiral Beatty Hotel proved most suitable headquarters for the convention.

Open Meetings

The sessions held on Tuesday and Friday evenings were open to the public. At each of these meetings there was an overcrowded attendance in St. David's Church Hall.

Tuesday evening, Miss MacMaster, President of the New Brunswick Association of Registered Nurses, presided. Addresses of welcome were made by: The Premier of New Brunswick; the Mayor of Saint John; the President of the New Brunswick Medical Association, and the President of the New Brunswick Association of Registered Nurses. Miss F. H. M. Emory, President, Canadian Nurses Association, expressed the thanks of the delegates and members for the welcome extended. The speaker of the evening was the Hon. Vincent Massey, P.C., LL.D., who discussed the Survey Report from the standpoint of the public.

The vote of thanks to Mr. Massey was made by Miss Jean E. Browne, of Toronto; seconded by Miss Grace Fairley, of Vancouver.

On Friday evening, the President, Miss F. H. M. Emory, presided. The first speaker, Dr. Stewart Cameron, Chairman of the National Joint Study Committee, Canadian Medical Association and Canadian Nurses Association, interpreted the attitude of the medical profession toward the nursing profession and the Survey Report. Professor F. Clarke, Department of Education, McGill University, presented aspects of the Report in his subject, "Life, Profession and School."

Miss K. W. Ellis, First Vice-President, moved the vote of thanks to Dr. Cameron and Professor Clarke, which was seconded by Miss Margaret Murdoch.

General Business Sessions

Business sessions were held on Tuesday morning and afternoon and on Thursday and Saturday mornings. Upon the first session being called to order by the President, Miss F. H. M. Emory, an invocation was offered by Rev. C. G. Lawrence, Rector of Trinity Church, Saint John.

The attendance at these sessions was most gratifying. The total registration was 441, while the attendance at each business session was over 300.

An outstanding feature of the recent meeting was the presence of the majority of the officers and councillors of the Canadian Nurses Association, the officers of the Sections, the conveners of committees and those scheduled on the programme.

At the first session it was unanimously agreed that the Press representatives should be admitted without restriction. The reports released by the Press were comprehensive and accurate. This was greatly appreciated by the Association.

Reports submitted at these sessions, together with all resolutions adopted, are published in this issue. A perusal of the content of the reports indicates the interests, activities and progressive development of the National Organisation. With reorganisation in membership in the past two-year period it has become more evident that the Canadian Nurses Association is the unifying implement among nurses in Canada and also the means by which international relationships are maintained.

General Sessions—Survey Report

At three general sessions selected recommendations of the Survey Report were considered.

1. "The Approved Training School": This subject was introduced by Miss E. Kathleen Russell, Department of Public Health Nursing, University of Toronto, and Nurse Member of the Joint Study Committee. Several angles of the subject were presented, namely: The Superintendent of Nurses and the Instructors, Nursing and Medical, by Miss M. K. Holt, Superintendent, School for Nurses, Montreal General Hospital; The Entrance Requirements, by Sister Ignatius, Superintendent, School for Nurses, Antigonish; The Head Nurse; Hospital Facilities for Teaching; The Curriculum, by Miss G. L. Rowan, Superintendent, Grace Hospital, Toronto; and Concerning Registration in Relation to the Training School, by Miss E. MacP. Dickson, Superintendent, Toronto Free Hospital, Weston.

2. An Analysis of the Cost of Nursing Education: Introduced by Miss Jean I. Gunn, Superintendent, School for Nurses, Toronto General Hospital, Toronto, and Nurse Member, Joint Study Committee. The subjects and speakers at this session were: The Cost of the Student Nurse to the Hospital, by Miss E. M. McKee, Superintendent, General Hospital, Brantford; The Comparative Cost of the Student and the Graduate Nurse, by Miss G. M. Fairley, Superintendent, School for Nurses, Vancouver General Hospital, Vancouver; The Budget System, by Miss M. F. Hersey, Superintendent, School for Nurses, Royal Victoria Hospital, Montreal; and Financial Aid from Government for Nursing Education, by Miss E. Smith, Normal School, Moose Jaw.

3. Miss Jean E. Browne, Director of Junior Red Cross for Canada and Nurse Member of the Joint Study Committee, introduced the subject, "The Distribution of Nursing Services," for consideration at the third session given over to the Survey Report. Those contributing to the programme on this subject were: Miss K. W. Ellis, Superintendent, School for Nurses, Winnipeg General Hospital, Winnipeg, who presented "Supply and Demand" under three headings, namely: (a) The unemployment of nurses, (b) The reduction of the supply of nurses, (c) Increase in demand for nurses; Miss Eleanor McPhedran, Superintendent of Nursing, Central Alberta Sanatorium, Calgary, discussed Socialised Nursing; and Miss A. J. MacMaster, Superintendent, School for Nurses, Moncton, Dominion Bureau of Nursing, Provincial Councils and Provincial Boards of Control, District Registries.

At each of these three sessions ample time was allowed for general discussion, then the Nurse Member of the Joint Study Committee gave a general summary resultant to the papers read and discussion, and presented related resolutions.

The resolutions adopted at these sessions are published on page 489.

Sections

The three Sections: Private Duty, Public Health and Nursing Education, met concurrently on Thursday afternoon and Friday morning.

At the first session of the Private Duty Nursing Section, the general topic, "Meeting the Public Need for Service," was presented in the following papers: (1) "The Intelligence and Education of the Nurse-in-Training," by Miss Sara Matheson, Montreal, Que.; (2) "The Professional Growth of the Graduate Nurse," by Miss A. McQuhae, Toronto, Ont.; (3) "Hourly and Group Nursing," by Miss E. Frank, Victoria, B.C.; (4) "A Physician's Viewpoint," by Dr. S. R. D. Hewitt, Superintendent, Saint John General Hospital, Saint John, N.B. Discussion was led by Miss A. Jamieson, Montreal. The business session of this Section took place on Friday morning.

The Public Health Nursing Section first disposed of its business responsibilities on Thursday afternoon, then Miss E. H. Dyke, of Toronto, introduced the subject, "Implications of

the Survey to Public Health Nursing."

General discussion was led by Miss Edna L. Moore, of Toronto, and Miss D. Percy, of Ottawa.

The next morning the Public Health Section programme included papers on: (1) "The Education of the Public Health Nurse," by Miss Margaret Kerr, Assistant Director, Department of Nursing, University of British Columbia, Vancouver, B.C.; (2) "Supervision of Public Health Nursing," by Miss Marion Nash, Educational Director, Victorian Order of Nurses, Montreal, Que.; (3) "Supply and Demand," by Miss Esther Beith, Director, Child Welfare Association, Montreal, Que. A general discussion followed.

The Nursing Education Section held a business meeting on Thursday afternoon, followed by a round table on "The Curriculum in Canadian Schools of Nursing and Readjustment in the Educational Programme," which was introduced by Miss G. M. Fairley, Convener of the Committee on Curriculum. Professor F. Clarke spoke briefly at this meeting.

Again on Friday morning, this Section met in round table discussion; the subject was "A Discussion of the Survey Report from the Educational Angle, Dealing with Recommendations Affecting Training Schools," by Miss Marion Lindeburgh, of Montreal.

At the final general session the Chairmen of the Sections submitted reports of the Sections' activities for the two-year period and findings of their respective sessions:

Private Duty Section

During the Section sessions the attendance was large and interest manifested. The papers presenting the different viewpoints of meeting the public need in service were of excellent calibre.

The summary of the provincial reports, as compiled by Miss Jean Church, states that: "On hearing the reports from the Private Duty Section in each province one is struck by the canopy of gloom which hangs over our branch of nursing at the present time. Troubles seem much the same in each province, namely, a surplus of nurses, very little work and the inability of the patients who require skilled nursing care to pay for it."

As regards local registries, satisfaction is reported from Quebec, Ontario and Saskatchewan, where registries are conducted by the nurses themselves. Were it possible to adopt Dr. Weir's recommendation with regard to registries, many of the difficulties would automatically be removed. If there were a Provincial Registry Office which would advise and supervise central registries, then private registries, including those now conducted by hospitals, would be wiped out of existence.

The increased membership in the central registries would provide necessary funds to maintain fully trained and experienced registrars, who would carry out their duties with no particular favour cast in any direction except perhaps on behalf of the patient, who, after all, is the person most concerned when the nurse is being called.

The provincial reports were unanimous in their opinion that all who care for the sick for hire should be licensed.

Group and hourly nursing: It was pointed out that as far as large institutions were concerned, it seems possible there would be little opportunity for this if graduates were placed on general duty, as has been suggested so often before. There are many difficulties in the way of the practice of hourly nursing by individuals, but it was pointed out by Miss Church that Canada has one of the most efficient hourly nursing services in the world already organised and giving the greatest measure of satisfaction from coast to coast, in the Victorian Order of Nurses. It does not seem as though hourly nursing can be successfully practised by individual nurses without some organi-

sation to help them; furthermore, the trend of present thought indicates the need for more supervision of all nursing services outside the hospital.

Resolutions from the Private Duty Section to the Canadian Nurses Association are:

In as much as, under present conditions, about 1,700 nurses are being graduated each year from Canadian training schools, and in as much as this number of nurses cannot possibly be absorbed for nursing service in the community, therefore resulting in serious unemployment under normal conditions, and under present conditions creating a critical condition of acute want with many nurses; be it resolved that, in each incoming class, the number of students enrolled be reduced, and these vacancies supplied by the employment of graduate nurse service. In addition to this, that in the future extension of hospital services, the necessary nursing service, be organised by the employment of graduate nurse staff.

It is recommended that this resolution be sent to hospitals of not less than 150 beds.

Resolved, that the Private Duty Section of the Canadian Nurses Association go on record as endorsing the plan recommended in the Weir Report of compulsory registration of all who care for the sick for hire.

It is recommended that this resolution be presented at the General Meeting, Friday afternoon.

Public Health Section

The meetings of the Public Health Section during the last two days have been well attended by representative members of the nine provinces. Papers presented on Education of the Public Health Nurse, Supervisors, and Supply and Demand brought forth interesting and stimulating discussions.

A summarised report of the work of the Section and developments in the provinces was presented by the Secretary. Much interesting information was contained in this report: we learn that 1,000 nurses are engaged in public health work throughout Canada and interesting progress has been made.

Summer courses and institutes have been organised in the provinces of British Columbia, Saskatchewan, Manitoba, Ontario and Nova Scotia; Ontario has had, in addition, institutes on maternal care.

Quebec reports a large increase of nurses in city and health departments and the extension of the Grancher system of placing tuberculous children in country foster homes, to include English as well as French children.

Nutritionists have been appointed to the staffs of the C.W.A. and V.O.N. in Montreal, and a nurse psychiatric social worker has been applied to the health service of Montreal Child and Social Agencies. A commissioner, appointed by the Secretary of Quebec, has been studying the health and unemployment question during the last year.

Saskatchewan reports a Cancer Commission and the appointment of a Commissioner of Mental Health; also free sanatorium treatment and consultant clinics for tuberculosis.

Prince Edward Island reports the organisation of a Provincial Department of Health: this taking over the public health services so ably demonstrated in that province by the Canadian Red Cross.

Ontario reports provincial and municipal campaigns for giving of toxoid, establishment of mental health clinics, travelling dental car equipped by the I.O.D.E. for remote areas, intensive efforts to combat tuberculosis. I refer to the valuable services of the Canadian Red Cross in isolated areas.

All provincial sections in Canada are planning to study intensively the Survey during this coming winter.

Record was made that the by-laws of the Section be revised and that the

summarised report of the Secretary be mimeographed and sent to each of the provinces. There were four resolutions adopted to be sent on to the C.N.A. in general session. (See page 490).

Nursing Education Section

The following is a brief report of the activities of the Nursing Education Section during the past two-year period, and the findings during sessions held on Thursday and Friday of this convention week.

During 1930 an endeavour to ascertain the feelings of the various provincial sections (N.E.) with regard to the admission of Orientals, Canadian-born, into nursing schools in Canada was made, with the result that opinions differed considerably in this regard. During the first meeting of this Section, held on Thursday last, after considerable discussion, it was decided that any Canadian-born member of Oriental or European families, possessing the necessary qualifications should be considered eligible for admission to Canadian schools of nursing. It was further recorded that many schools throughout Canada are already graduating nurses who are members of European families, while one reports the acceptance of Canadian-born Oriental students.

Several hundred copies (reprint) of the report of the Committee on Nursing Education, I.C.N., were forwarded to the Chairmen, Provincial Nursing Education Sections, for distribution and consideration.

During 1930-1931 a special committee was formed and a proposed minimum curriculum for use in schools of nursing prepared by them and presented for discussion and consideration, the context having been published in various numbers of *The Canadian Nurse* and copies loaned to nurse teachers upon request.

All Provincial Nursing Education Sections have been represented during these sessions, and interesting reports presented by them.

During a round table discussion on "The Curriculum in Canadian Schools of Nursing, and Re-adjustment in the Educational Programme," at which Professor F. Clarke was the speaker, contributions through the medium of very excellent papers were made by members of seven provincial N.E. Sections.

During the second round table on "A Discussion of the Survey Report from the Educational Angle, Dealing with Recommendations Affecting Training Schools," which discussion was introduced by Miss Marion Lindeburgh, further contributions were added from Quebec N.E. Section.

The appointing of a Standing Committee on Curriculum was referred to the incoming Executive Committee.

Two resolutions have been forwarded from the Section to the C.N.A. regarding:

(a) The reduction of students in schools and the increase in graduate staff.

(b) Re the advisability of schools in the United States of America accepting Canadian applicants, knowing beforehand whether or not such applicants would be admitted to the country under existing immigration laws.

Officers Elected

President, Miss F. H. M. Emory①; First Vice-President, Miss R. M. Simpson; Second Vice-President, Miss G. M. Bennett①; Honorary Secretary, Miss Nora Moore①; Honorary Treasurer, Miss M. Murdoch.

Private Duty Section: Miss I MacIntosh①; Vice-Chairman, Miss Mabel McMullen; Secretary-Treasurer, Mrs. Rose Hess.

Nursing Education Section: Chairman, Miss G. M. Fairley①; Vice-Chairman, Miss M. F. Gray; Secretary, Miss E. F. Upton①; Treasurer (to be elected).

Public Health Section: Chairman, Miss M. Moag①; Vice-Chairman, Miss M. Kerr; Secretary-Treasurer, Mrs. I. Manson Prince①.

① Re-elected.

The Banquet

Arrangements for the banquet were admirably carried out under the direction of the New Brunswick Association of Registered Nurses in co-operation with the hotel management. Three hundred and forty attended this function, at which the after-dinner speaker was Roy Fraser, Professor of Biology and Bacteriology, Mount Allison University, Sackville, N.B.

Professor Fraser was introduced by Miss H. Dykeman, of Saint John. His subject was "The Scientist and the Survey Report." Miss G. M. Bennett, Second Vice-President, thanked the speaker of the evening, her motion being seconded by Miss M. K. Holt, of Montreal.

The address by Professor Fraser and those by Professor Clarke and Dr. Stewart Cameron were published in the August number of the Journal. Mr. Massey's address was put into printed form during convention week.

REPORT OF THE HONORARY SECRETARY

Since the last General Meeting, in 1930, nine executive meetings have been held, with an average attendance of seven members. The meetings have been held in the Club Room of the Royal York Hotel, commencing at 12.00 o'clock noon, and usually concluding at 5.00 o'clock.

Members of the Executive Committee, in addition to those who reside in or near Toronto who were able to attend one or more meetings of the Committee, were: Miss K. W. Ellis, First Vice-President; Miss G. M. Bennett, Second Vice-President; Miss Margaret Moag, Chairman, Public Health Section; Miss M. K. Holt, President, A.R.N. Quebec; and Miss G. M. Watson, Chairman, Nursing Education Section, Saskatchewan R.N.A.

At the first meeting, held in September, 1930, no reports were received from any of the Provincial Associations. At the Executive Meeting held in April, 1932, the Executive noted with satisfaction that reports had been received from Alberta, British Columbia, Manitoba, New Brunswick, Ontario, Quebec and Saskatchewan. It is anticipated in the next two-year interval that all Provincial Associations will submit interim reports to the Executive Committee.

In September, 1930, the President was elected convener of the Programme Committee. Copy of the programme for this meeting shows that much time and thought have been expended on it.

During the years 1930-1932, the Executive found it necessary to form the following committees to deal with the business arising from the correspondence: Committee to Study the Use of Films for Educational Purposes; Committee on the Comparative Cost of the National Office and the Publication of *The Canadian Nurse* in Eastern and Western Canada; Committee to Study Group Nursing; Committee on Post-Convention Tours; Membership Campaign Committee; Programme Committee to Arrange Suggested Topics, etc., for the International Council of Nurses Congress in Paris; Committee to Study the Need of a Religious Guild; Committee on the Pooling of Expenses; Committee on the Possibilities of the Nursing Profession for a Handbook on Vocational Guidance; Committee to Arrange for a Joint Booth of *The Canadian Nurse* and the *American Journal of Nursing* at the American Hospitals Association Meeting in September, 1931; Committee to Study the Use of the Figure of a Nurse in Non-Professional Advertisements.

A great deal of time has been devoted at each Executive meeting to the reports received from the Joint Study Committee, also to the formulation of plans which would be of value to the Provincial Associations in interpreting the Report of the Survey of Nursing Education in Canada to the medical and nursing professions and to the community at large. Ways and means were suggested, too, to help the Provincial Associations with the distribution, publicity and sale of the Report.

Before closing, may I thank the President and the Executive Secretary for their help and co-operation on every occasion, and the other members of the Executive for their loyal support at all times. All of which is respectfully submitted.

(Signed) NORA MOORE,
Honorary Secretary.

REPORT OF THE EXECUTIVE SECRETARY

I have the honour to submit the fifth biennial report as Executive Secretary, which must follow previous reports in relation to content, since the activities of the National Office have been similar throughout each period.

Executive Committee—The Executive Committee consists of Officers (5), Councillors (36), and Chairmen of Sections (3), or 44 altogether. The members of the Committee are advised in advance of all meetings. These meetings are held quarterly, usually in the city in which the President resides. During the period 1930-32, one special and nine regular meetings were held, with an average attendance of seven members.

All business relating to the Association receives the attention of the Executive. To each meeting are submitted detailed reports, including monthly financial statements from the Executive Secretary of the C.N.A. and the Editor and Business Manager of *The Canadian Nurse*, from Standing and Special Committees, National Sections and Provincial Associations. Members of the Executive are indebted to the Honorary Secretary for the elaboration upon numerous subjects in the minutes of these meetings—copies of which are sent from the National Office to all members.

During the past two years the Councillors have been kept well informed in regard to progress of the various Special Committees. In this way the Provincial Associations should be cognisant of whatever developments are made or conclusions reached in the interim between General Meetings.

Probably the development of the C.N.A. can be explained more readily by reporting that the cost of each Executive Meeting is now almost three times that of those held in the early years following the appointment of an Executive Secretary.

Special Committees—A larger number of Special Committees have been active in the past two-year period than at any previous time in the history of the C.N.A. Special Committees newly formed in 1930 were: Comparative Costs; Exchange of Nurses; History of Nursing; Registries; Films for Educational Purposes.

Committees functioning previous to 1930 and continuing with the same personnel are: Joint Study; Red Cross Enrolment; Crest. Members of the former Memorial Committee acted in having the Crest engraved on the Memorial Panel.

Committees appointed following June, 1930, are:

Group Nursing — Formation and function of this committee did not extend beyond the appointment of a convener. After being referred to several Executive Committee meetings it was decided that action relative to appointment of a committee to study Group Nursing be left in abeyance until after the General Meeting in 1932, since Dr. Weir in his Survey discusses this subject at length.

In September, 1930, the Executive Committee was asked to express opinion relative to Canadian-born Chinese and Japanese youngwomen being accepted as students in schools of nursing. The Chairman of the Nursing Education Section was requested to obtain opinion by referring this question to the Provincial Sections. From a summary prepared from seven replies it was apparent that hospitals were not willing to accept these students, and no suggestions were made as to a solution of the problem.

In December, 1930, the Executive was requested by the National Girls' Work Board of the Religious Educational Council to have prepared a short memorandum on the possibilities of the Nursing Profession for a Handbook

on Vocations which was to be published by the Board. Miss Beatrice Ellis was asked to convene a special committee for the purpose of preparing this memorandum. Following collection and collation the material was referred to the Nursing Education Section for approval and suggestions, after which the President sent the memorandum to the Girls' Work Board.

In April, 1932, a committee was appointed to enquire into the use of the figure of the nurse in non-professional advertisements.

This report makes only brief reference to the work of the committees, as reports by the conveners will be presented later. A greatly increased amount of clerical work in the progress of special committees has been done at headquarters in the past two-year period.

Federated Associations — Of these brief mention only will be made here, as each provincial association will present a report, made according to an outline suggested by the Executive.

The provincial secretaries have been most appreciative of the complimentary copies of Executive Committee Meetings. It was not possible to follow this procedure as long as there was a large number of organisations in affiliation. Copies of progress reports of several special committees were supplied these associations. Notes of interest in relation to the Provincial Associations are:

1. All provinces except two now require annual re-registration for a nurse to continue in good standing.

2. Annual scholarships are offered by four associations, one of which makes two awards.

3. The educational standard of admission has been raised.

4. Institutes for nurses for periods extending from three days to two weeks have been arranged under the auspices of these associations.

5. Eight associations engage a nurse on salary as secretary-treasurer and registrar and provide office accommodation.

Re-Organisation Procedure—In accordance with legal advice obtained relative to a Form of Consent for signature of the President and Secretary of all federated organisations, forms were sent on August 5, 1930. All organisations in federation previous to June, 1930, were notified of the decision reached at the General Meeting, whereby membership in the C.N.A. was limited henceforth to the nine provincial associations of registered nurses. Later there was printed a supply of the revised Constitution and By-laws.

Membership—Following reorganisation in 1930 there was a marked decrease in C.N.A. membership; however, the year 1931 showed an increase amounting to 601 members, or 6.96% over total membership of provincial associations in 1930. This increase is encouraging, especially under general conditions, and indicates a realisation towards numerical strength in the provincial associations when they constitute the membership of the national organisation. Congratulations are extended to the hostess organisation, the Association of Registered Nurses of New Brunswick, for achieving the encouraging increase of 25% in membership in 1932 compared with 1931.

Nominations—Forms were duly forwarded to the Provincial Associations for the nominations of officers. From the completed forms a ticket of nomination showing the two highest nominees for each office was prepared, copies of which were sent to the federated associations and the Executive Committee.

International Council of Nurses—A meeting of the Board of Directors, I.C.N., was held in Geneva from June 29 to July 1, 1931. The decision of the Executive, C.N.A., was that it would be impossible for the C.N.A. to undertake to send a representative to that meeting owing to the expense involved. A brief report of the proceedings prepared from a copy of the minutes received was prepared and published in the *Journal*, September, 1931.

The President, C.N.A., has been appointed to the Florence Nightingale

Memorial Committee. Miss Mabel Gray is also a member of this Committee, of which Mrs. Bedford Fenwick is chairman. Miss E. K. Russell was appointed to the chairmanship of the Sub-Committee on University Relations, I.C.N.

Questionnaires from International Headquarters completed and returned related to: State Supervision of the Practice of Nursing; Public Health Nursing; Nursing Education; and Nursing Practice. The assistance of the provincial secretaries and the Nursing Education Section was sought in compiling replies for these questionnaires.

To assist in having complete volumes of the *Journal* at Geneva, 76 copies of back numbers were forwarded during 1931 from National Office. There are still a few missing copies required.

For the September, 1931, meeting of the Executive Committee a report was submitted relative to transportation facilities for Canadian nurses attending the I.C.N. Congress, 1933. Copies of this report were sent later to the Provincial Associations.

Other Organisations in which the C.N.A. has had Representation—The C.N.A. has been represented officially with: The National Council of Women of Canada; The Canadian Council on Child and Family Welfare, and on the sub-committee of the Child Hygiene Section of the Council; The Central Board of the Victorian Order of Nurses for Canada; The Placement Bureau of the Canadian Association of Social Workers; The Canadian Social Hygiene Council; The Programme Committee, American Hospital Association; The Made-in-Canada Fair; The Dominion Fire Convention.

Memorial Panel—As has been customary since 1926, floral tributes were placed annually before the Memorial Panel on Armistice Day. Miss Gertrude Garvin, of Ottawa, very kindly does this for the Association. With Miss Garvin's assistance, arrangements were made to have the Panel cleaned previous to November 11, 1932. Mr. G. W. Hill, sculptor, gave the cleaning his personal supervision, and through the interest of the Sergeant-at-Arms, the Minister of Public Works has promised that an annual cleaning in future will receive the attention of that Department. It is reported that the cleaning last autumn restored the Panel to its original exquisite beauty. When the Registered Nurses Association of Ontario met in Ottawa in April, 1932, a visit was made to the Memorial and a wreath placed by the President of that Association.

Publications—A tabulation of the summary of the report made by the committee appointed by the Nursing Education Section to study nursing standards was prepared for publication in the *Journal*, reprints mailed from the National Office, were sent to 200 superintendents of nurses in Canada with the compliments of the Section.

Reprints of a chart showing the membership of the C.N.A. which was reproduced in the *Journal* were supplied to the Provincial Associations.

Reprints of Laws and Regulations Governing the Registration of Nurses in the Provinces of the Dominion of Canada as published in the *Journal* were made available for distribution.

The Brief History of the Canadian Nurses Association from time of organisation to June, 1924, should be brought up to date, or a record in some other form prepared for reference and information. Experience has shown that there should be compiled in mimeographed form (a) an outline of the policies of the C.N.A. available to the officers who receive appointment to the Executive without possessing a familiar background of national organisation; (b) a manual defining the relationship of the Councillors to the National Executive and to the Provincial Associations which they represent; (c) a similar pamphlet in connection with the Sections and Provincial Secretaries. These requirements have not received attention owing to the Executive Secretary being able to give only part time to the activities and interests of the organisation.

Visitors to National Office—Groups of nurses receiving what may be termed peripatetic teaching in public health nursing under the direction of the Department of Public Health Nursing in Manitoba, visited the National Office, where an hour or more was spent in explaining the national organisation and the scheme of carrying on the work.

The Chairman and Secretary of the Joint Study Committee were among those who called at headquarters; others were the First Vice-President and the Honorary Treasurer, C.N.A. It is regretted that all officers and councillors cannot visit the National Office more frequently, as in that way they might obtain an insight into requirements and activities which have been conveyed in written reports.

The Survey Report—Complimentary copies of the Report were sent by the C.N.A. to eighteen individuals in Canada and other countries. A supply is kept at headquarters for filling orders received outside the Province of Manitoba.

Placement Bureau—Requests for assistance in obtaining positions came not alone from nurses in Canada and several other English-speaking countries, but also from a number of European countries. Due to the serious unemployment among our nurses, a great sense of helplessness was experienced when making reply to this type of letter.

Decennial Census — The Federal Bureau of Vital Statistics was requested to classify nurses in the Decennial Census of 1931 as Graduate Nurses and Non-Graduate (or Practical). A request has been made for this information when available. (Not before December, 1932.)

Correspondence — Approximately 12,000 pieces of mail are handled annually.

A large portion of correspondence is between the Federated Associations, the Sections, the Executive Committee, Conveners of Committees and Headquarters.

Correspondence relates to a multitude of subjects. Frequently replies to inquiry for information require several hours research. Requests are received from the International Council of Nurses, National Organisations of Nurses in other countries, organisations in Canada and other countries interested in the promotion of health and prevention of disease. Numerous individuals refer for information relative to registration and registration examinations, post-graduate education for nurses, hospitals and schools of nursing, History of Nursing in Canada, also relative to nursing conditions and nurses in other countries.

An ambition at headquarters is the preparation of a folio which will contain a standard type of reply in supplying information on subjects for which enquiries are most frequently received When once prepared, revision and enlargement of this folio should be readily done.

In August, 1930, 375 letters were mailed to the Secretaries of Hospital Boards of Trustees and Superintendents of Schools of Nursing. These letters contained copies of resolutions from the Private Duty and Nursing Education Sections relating to means whereby unemployment of nurses might be relieved.

Reports of the proceedings of the General Meeting, 1930, were sent to the National Council of Women of Canada; the Canadian Council on Child and Family Welfare and the Editor of *The Canadian Hospital.*

Staff—At the close of the last general meeting the Executive decided that an assistant with journalistic ability and preferably a nurse should be appointed provisionally until such time as the Executive Secretary should be relieved of the duties as Editor and Business Manager.

Following four months in unsuccessful attempts to find a nurse with necessary qualifications and who was free to become attached to National Office, the Executive approved the appointment of a junior stenographer to be employed when necessary. During the first eighteen months the National Office was in operation the staff consisted of the Executive Secret-

ary alone. Following the removal of the *Journal* to Winnipeg, a stenographer was appointed, and two years later a bookkeeper with stenographic ability was added to the staff. The Executive Secretary and bookkeeper have continued since first appointed. Several changes have been made in stenographers. Since June, 1931, a nurse recently graduated and with three years' stenographic experience has been engaged. The junior stenographer has been employed at intervals for a period totalling nine months.

On September 25, 1930, the Executive reappointed the Executive Secretary, Editor and Business Manager of the *Journal*, to serve until such time as a full- or part-time Editor can be appointed. Previously the reappointment of the Executive Secretary as Editor was made annually. The dual responsibilities of these two offices have been delegated to the Executive Secretary since September, 1924.

Close association in the administration of the National Office for over nine years is regarded as sufficient license for me to express briefly to the C.N.A. members my admiration for the always evident, excellent high professional calibre and the magnificent type of womanhood existent in the membership. The majority of the members are never personally known to more than those in their local groups and districts—these are the members who make it possible for those nurses in each province, gifted with leadership, to achieve for the C.N.A. its enviable position as a most workable democratic organisation, to have put through to successful completion several undertakings of tremendous magnitude, and to maintain cordial international and inter-provincial relationships.

The office of president has been held by five members since the National Office was opened. Over 200 members have served as officers and councillors and have assisted the President in directing C.N.A. interests between general meetings. To all of these and especially to the Presidents, and also to the Provincial Secretaries, I acknowledge most sincere gratitude for the assistance given me, and for the always evident toleration towards errors and omissions which have occurred, sometimes, at headquarters.

To the membership at large, may I stress the joy it has been for me to have had a small part in contributing thus far toward the development of our national organisation, and to express my thanks for the unfailing support and good-will that has made it possible for a National Office for nurses in Canada to function.

Respectfully submitted,

(Sgd.) JEAN S. WILSON,
Executive Secretary.

Reports of Standing Committees

ARRANGEMENTS COMMITTEE

In co-operation with the Management of the Admiral Beatty Hotel, the Arrangements Committee has been able to provide accommodation in the Hotel for the C.N.A. General Meeting, 1932.

Social functions for the week are:

Tuesday, June 21st

4.30 p.m.—Receptions at the Saint Joseph's Hospital and the Saint John Tuberculosis Hospital, to which all visiting nurses are invited.

Wednesday, June 22nd

4.30 p.m.—A drive for all visiting nurses. Tea at the Riverside Golf and Country Club for the Executive and official delegates.

7.30 p.m.—Banquet.

Thursday, June 23rd

4.30 p.m.—Sail on the Saint John River, with beach picnic at Sand Point. Every person is invited.

Friday, June 24th

4.30 p.m.—Tea at the Saint John General Hospital (guests of the Women's Hospital Aid).

Members of the Committee are: Misses M. Murdoch, M. E. Retallick, B. B. Howe, H. Dykeman, E. Henderson, M. Downing, F. Coleman, and Mrs. G. VanDorsser.

(Sgd.) MARGARET MURDOCH,
Convener.

PROGRAMME COMMITTEE

Your committee consists of Miss Grace Fairley, Miss Isobel MacIntosh and Miss Margaret Moag, conveners of national sections, Miss Margaret Murdoch, Convener of Arrangements Committee, Miss Nora Moore, Honorary Secretary, Canadian Nurses Association, and Miss Florence H. M. Emory, Convener.

With the programme already in your hands the committee gives account of its stewardship. Three aspects are accentuated:

(1) The programme has been built around the Report of the Survey of Nursing Education in Canada. That is true of the addresses of guest speakers, of the content of open sessions and of section meetings.

(2) Through the medium of Provincial Associations, wide distribution has been given the programme and that with a view to increased attendance at this biennial meeting.

(3) The committee records indebtedness to the nurse members of the Joint Study Committee for suggestions and guidance in the preparation of the programme, and the Arrangements Committee in facilitating plans for the meeting.

On behalf of the Committee,

(Sgd.) FLORENCE H. M. EMORY,
Convener.

PUBLICATIONS COMMITTEE

This Committee has but three members, Miss Jean E. Browne, Miss Jean S. Wilson, Editor and Business Manager of *The Canadian Nurse*, and Florence H. M. Emory, Convener. Throughout the two-year period, the Committee has felt that it might best function in giving assistance to the Editor of *The Canadian Nurse* along certain well-defined lines:

1. Through guidance and advice relative to policies and general content.

2. Through suggestions regarding prospective contributors: (a) Cultural topics of professional interest; (*b*) Developments in nursing at home and abroad; (*c*) Procedures and techniques in current nursing practice; (*d*) Editorials and book reviews.

Your Committee supports the Committee on Comparative Costs and the Executive of the Association in recommending:

1. That an Editor be appointed for *The Canadian Nurse*, dating from January 1, 1933.

2. That the office of the Executive Secretary of the Canadian Nurses Association and the Editor and Business Manager of *The Canadian Nurse* be adjacent (if possible), and that they be under separate management.

Further, the Committee wishes to record appreciation of the services of the Editor and Business Manager of the *Journal*, arduous as they have been in addition to the duties of Executive Secretary of the Canadian Nurses Association.

On behalf of the members of the Committee.

(Sgd.) FLORENCE H. M. EMORY,
Convener.

Reports of Special Committees

THE JOINT STUDY COMMITTEE

The Joint Study Committee of the Canadian Nurses Association and the Canadian Medical Association was organised in the summer of 1927 for the purpose of considering the position of the nursing profession in Canada and, if deemed advisable and practicable, to conduct a Survey that would be national in its scope. By November, 1929, the organisation of the study was advanced to a point where Dr. Weir, Chief of the Department of Education in the University of British Columbia, assumed charge as Director. At previous biennial meetings of this Association, interim reports have been presented, indicating the progress that was being made.

Late in the autumn of 1931, the Report was completed and placed in the hands of the University Press of Toronto for publication. The Committee was able to make very satisfactory arrangements with the University for the printing and distribution of the Survey. An edition of 3,000 copies was contracted for, and these were off the press by the middle of February, 1932. The price for individual copies was placed at $2.00, and in quantities of ten or more a charge of $1.75 was made. On May 9th, when this report was made out, 2,067 copies had been disposed of.

While the Survey was a national undertaking, any application of the findings will be largely a matter for provincial consideration. That being the case, it was felt that a Joint Study Committee should be organised in each province, to be composed of representatives from the nursing and medical professions and the Hospitals Association, and that this group should select two or three lay members, possibly from pedagogic and social service interests.

The Committee trusts that this Association will approve of its actions, and, further, that the C.N.A. will accept the recommendation that the Committee be continued for such time as may be necessary to carry through to completion whatever plans may be finally adopted both federally and provincially.

The Report of the Survey of Nursing Education in Canada, a copy of which is here submitted, is a volume of nearly six hundred pages. It is factual to a greater degree, perhaps, than most similar reports, because the Director has actually visited scores of hospitals, training schools and social organisations interested in welfare work, and so was able to secure his information at first hand. This, together with the returns from many questionnaires, placed him in a position to present a fair picture of the problems upon which he was asked to report.

The recommendations are the result of a study of these facts in the light of the knowledge of sociology and education possessed by the Director, and today represents his considered opinion.

All of which is respectfully submitted.

(Sgd.) JEAN E. BROWNE,
Secretary.

COMMITTEE ON THE HISTORY OF NURSING IN CANADA

The report of the work of the two years can be summarised as follows:

It appears that a publication in book form concerning the history of nursing in Canada is needed. Also it is felt that a book dealing with this subject would have a good sale.

The Provincial Nurses Associations were asked for their opinion regarding the matter. The replies from some were non-committal, but at least five of the Associations have expressed a definite interest.

The Committee has conferred with one publishing house (Messrs. J. M. Dent and Sons) and have had the opinion from them that a book of this kind would be considered a good business proposition. For this reason this firm would be willing to undertake the responsibility for the book under certain conditions and with certain co-operation from the Canadian Nurses Association. If the Canadian Nurses Association would guarantee the sale of 2,000 copies, the work could be undertaken without cost to the Association. This was the attitude of this firm a year ago; the matter has not been discussed recently.

Regarding authorship, there is a strong feeling that the writer should be an experienced student of history and also a writer of recognised ability.

The Province of Quebec has spoken very decidedly in favour of having the book written by a nurse if possible, and has suggested the names of two nurses for consideration.

The recommendations of the Committee are as follows:

1. That the C.N.A. should take such action as is necessary to secure the writing and publication of a history of nursing in Canada.

2. That the C.N.A. should do this only when it is assured that a book of lasting worth is being produced. The book should have merit and distinction from the literary standpoint; it should also have merit and distinction among the historical publications of the country.

(Sgd.) E. KATHLEEN RUSSELL.
Convener.

COMMITTEE ON COMPLETION OF NATIONAL MEMORIAL

Following the adoption of a design for a Crest for the Canadian Nurses Association in June, 1930, the Convener of the former National Memorial Committee was asked to convene former members as necessary to undertake having the Crest engraved on the Memorial Panel in the Hall of Fame, Parliament Buildings, at Ottawa.

The former sculptor and architect were consulted, and permission obtained from the Federal Department of Public Works for the work to be done.

A plaster model from the design chosen was made and approved, previous to the Crest being engraved, under the direction of the Architect.

The total cost of completing the Memorial Panel amounted to $345.00.

(Sgd.) JEAN I. GUNN,
Convener.

COMMITTEE ON THE ENROLMENT OF NURSES FOR EMERGENCY SERVICE

In reporting on the Enrolment of Nurses for Emergency Service, it might be well to repeat a short historical outline of this movement.

At the general meeting held in Ottawa in August, 1926, the following motion sent to the meeting by the Registered Nurses Association of Ontario, was on the agenda:

> "THAT the Canadian Nurses Association approach the Canadian Red Cross with the recommendation that the Canadian Red Cross negotiate with the Federal Government to bring about a system of enrolment from which nurses would be appointed to military service when needed, and from which they might be called upon for emergency work in time of any national or provincial disaster."

After considerable discussion the following resolution was passed:

> "THAT a conference be arranged between the C.N.A., the Federal Government and the Canadian Red

Cross Society to discuss the question of such an enrolment."

This conference was arranged in Ottawa, and the following letter was received by the President of the C.N.A. from Colonel Jacques:

"With reference to the Conference which took place in the office of the Director-General of Medical Services at which, in addition to yourself, Doctor Biggar (Chief Commissioner of the Canadian Red Cross Society), the Director-General of Medical Services and the Deputy Director-General of Medical Services, were present:

"I am now authorised to inform you that the scheme laid down at this Conference has the full endorsation of the Department of National Defence.

"When this work has been carried out, I feel personally a great deal will have been accomplished and, should an emergency arise at any time in the future, the question of organisation of the Nursing Services will be very much advanced by this plan."

Following this, a Joint Enrolment committee, composed of three representatives of the C.N.A. and the Canadian Red Cross Society, was organised, and a practical scheme of enrolment was worked out. It was agreed that Provincial Nurses Associations should carry out the actual enrolment on a form adopted by the National Joint Committee, and that they would transmit the completed enrolment forms to the provincial offices of the Red Cross, where the names, addresses and other details regarding each enrolled nurse would be recorded. In order to carry the actual work of enrolment into effect, it was recommended that there be a provincial joint enrolment committee in each province, with equal representation from the Provincial Nurses Association and the provincial divisions of the Canadian Red Cross.

Copies of the regulations and application forms have been sent to each Provincial Nurses Association and should be available to all members.

The enrolment now stands as follows:

British Columbia	300
Alberta	52
Saskatchewan	30
Manitoba	42
Ontario	298
Quebec	54
New Brunswick	31
Nova Scotia	40
Prince Edward Island	10
Outside of Canada	19
	876

In conclusion, I wish to point out that, in my opinion, the time has come for a change in the convener of the representatives of the C.N.A. on the National Joint Enrolment Committee. I have served in this capacity from the beginning of the Committee in 1926, until the present time, and I beg now to make the recommendation to the in-coming Executive that the President of the Canadian Nurses Association should act ex-officio in this capacity. By this means, there will be a closer link between the National Joint Enrolment Committee and the Association.

(Sgd.) JEAN E. BROWNE,
Convener.

COMMITTEE ON REGISTRIES

Following the discussion on the national organisation of Registries at the Biennial Meeting of the Private Duty Section, C.N.A., June 27, 1930, in Regina, this Section recommended the appointment of a national committee on Registries. The function of this committee was to investigate and report all problems directly associated with the employment and professional discipline of private duty nurses.

This recommendation was favourably accepted by the C.N.A. on June 28th.

The personnel of the Committee appointed represented the three sections of the C.N.A. and the chairman of the Private Duty Section was appointed convener of the Committee.

The first meeting was held at Toronto in November, 1930, where it was unaminously decided that pro-

vincial help should be requested in the form of representative sub-committees.

The request from the National Committee was graciously acknowledged by each Province and sub-committees were formed.

At the second meeting, which was held in Toronto on May 27, 1931, the Committee drew up a form of questionnaire which was sent to each member of the Committee in the various Provinces, also to the Secretary of each Provincial Association asking for their assistance and co-operation.

Information Asked From the Provincial Committees

Registries:

1. (*a*) How many professional registries haye you in your Province and where located?
   (*b*) What hospitals in your Province function as registries, and where located?
2. (*a*) Secure copy of rules and regulations, constitution and by-laws controlling each registry.
   (*b*) Indicate the number unable to supply printed rules and regulations.

Administration:

(*a*) Location of office, i.e., office building, private home, etc.
(*b*) Personnel employed; professional qualifications of Registrar.
(*c*) Salaries.
(*d*) Fee paid by Registrant.
(*e*) Average annual income and average annual expenditure.
(*f*) How often does the Governing Board of the Registry meet?

Registrants:

(*a*) Professional qualifications. Are registrants required to be registered annually in the Province?
(*b*) Approximate number.
(*c*) Types of service: 24-hour, 12-hour, hourly nursing, etc.
(*d*) What percentage of calls are for hospital service? What percentage for home service?
(*e*) Approximate daily average number of nurses unemployed during the months from September, 1930, until June, 1931.
(*f*) What registries in the Province include undergraduates, practical nurses or attendants?
(*g*) What responsibility does the Registry assume for the supervision of their work?

Records: What records are kept?

Note.—In the registries or hospitals that have no printed constitution, by-laws and regulations, a statement would be appreciated as to how the registry is conducted and governed, with special reference to the Governing Board.

A splendid response was made by the Provinces, and at a meeting in November, 1931, their information was received with great interest. The Committee agreed to request the Executive of the C.N.A. to have their information tabulated at the National Office.

Not enough praise can be given the National Office staff for the clear and concise manner in which this information has been tabulated and will for all time be a record of Registries as they existed in Canada during the years 1930 and 1931.

The fourth and last meeting of the Committee was held in Toronto on May 21, 1932, when suggested recommendations were made:

1. The methods of keeping records by registries even in small places should be improved, and

2. The recommendations i n Chapter IX of the Survey of Nursing Education in Canada were endorsed as follows:

(*a*) So-called "Practical Nurses" and all who care for the sick for hire should be licensed and brought under control and supervision;

(*b*) Reliable data on the services of the nurse, based on carefully analyzed reports of patients, doctors and nurses should be kept in the Registrar's office;

(*c*) The consolidation and control of nursing registries under the general conditions stated in Section 7 of the context is recommended.

(Sgd.) ISABEL M. MACINTOSH,
Convener.

COMMITTEE ON EXCHANGE OF NURSES

The Committee on the Exchange of Nurses which you asked me to convene is constituted as follows: Misses Kathleen Ellis; Jean Gunn, Ruby Hamilton, Mabel Hersey, Mabel Holt, Nora Moore, Isabel Manson Prince, Kathleen Russell, and Jean Browne (Convener).

The first work of the Committee was to draw up a memorandum on the purposes of the Exchange, and practical considerations in connection with working it out. A copy of this memorandum is attached.

The memorandum drawn up by the Committee at its first meeting in the autumn of 1930 was submitted to the Executive of the Canadian Nurses Association and approved. At the request of the President, the Chairman of the Committee wrote to the following associations, enclosing the memorandum and asking for consideration of an exchange of nurses with Canada: The American Nurses' Association; the National Council of Trained Nurses of the Irish Free State; the Australian Nursing Federation; the College of Nursing, England; the South African Trained Nurses' Association; the New Zealand Trained Nurses' Association.

Replies were received from all of these, but the only one that actaully acted on your Committee's proposal was the College of Nursing, England. After a good deal of correspondence with Miss Hester Parsons, Director of Education of the College of Nursing, it was decided, both by your Committee and the College of Nursing, that, for the time being, it would be better to work out a scholarship scheme rather than the original idea of exchange.

The following memorandum in regard to the scholarship scheme was drawn up by your Committee and agreed to by the College of Nursing:

(1) That the scholarship should extend over a period of at least six months;

(2) That the Committee should take no responsibility in connection with financing travelling expenses;

(3) The scholarship nurse would not receive a salary and would have no executive obligations in the hospital to which she went. She would, however, be expected to give her services in return for educational advantages.

It was decided to try this out as an experiment at first. The first Canadian nurses to participate in this scheme are Miss Norena MacKenzie, from the Montreal General Hospital, and Miss Eileen Flanagan from the Royal Victoria, Montreal. These nurses begin their six months' scholarship in England on July 23rd next. In a general way, the following is an outline of the course they will follow:

(1) Two months in St. Thomas's Hospital to observe the teaching of the preliminary classes and to follow the whole teaching outline for two months, at the same time getting an idea of teaching procedures in the Junior, Intermediate and Senior classes, and seeing as much practical ward work as possible, and also the work in the Out-Patient Department.

(2) Four months in Guy's Hospital, following much the same routine as in St. Thomas's.

(3) Opportunity to attend as many lectures as possible, both in the hospitals and in outside courses, especially in the Red Cross International Course at Bedford College.

Plans are being made by the College of Nursing to send nurses to Canada on a reciprocal scheme, but so far these plans are not sufficiently definite to report on.

Your Committee is extremely grateful to the Education Department of the College of Nursing, and especially to Miss Parsons, the Director, for all the trouble that has been taken in completing these plans. The last sentence in her last letter is indicative of the splendid co-operation that we have received throughout a year and a half of negotiations: "We can assure your Committee that we will do everything in our power to make their visit (referring to the two Canadian nurses) a successful one."

(Sgd.) JEAN E. BROWNE,
Convener.

MEMORANDUM

I. *The Purpose of the Exchange:*

(*a*) The dissemination of the best in the practice and methods of nursing.

(*b*) The promotion of international friendliness and understanding.

II. *First Steps in Its Operation:*

It should at first be limited to an exchange of nurses on the staff of Schools of Nursing, for the following reasons:

(*a*) The contacts made will influence a larger group.

(*b*) The financial arrangements will be simpler, since board and lodging will be arranged for.

(*c*) More control can be exercised in the School than elsewhere.

III. *Countries with whom to Exchange:*

To commence with, only English-speaking countries should be asked to co-operate in this plan. This will obviate language and other difficulties.

IV. *Type of Schools:*

To begin with, only those schools that conform to the following requirements should participate in the exchange:

(*a*) associated with a hospital of at least 200 beds;

(*b*) having one or more instructors of nurses with a certificate from a University course;

(*c*) situated in a centre that offers general educational facilities for nurses.

V. *Length of Time of Exchange:*

The exchange should be from ten to twelve months, the exact time to be fixed at the pleasure of the schools involved in the exchange.

VI. *Financial Considerations:*

(*a*) The Exchange Committee can take no responsibility for travelling expenses. Travelling expenses must be provided by the individual exchange nurse, by bursaries from the Schools participating, or by nurses' organisations.

(*b*) The exchange nurse is to receive the salary of the position to which she goes.

In drafting these recommendations, the Committee has had in mind the necessity of making the initial experiment on the safest and simplest possible basis, and as free as can be from complicating factors that might constitute serious international problems. After the initial experiments, when a certain body of experience has been gained, it may be quite desirable to extend the scope of the exchange to public health and private duty nurses, and also to other than English-speaking countries.

COMMITTEE ON THE USE OF EDUCATIONAL FILMS

As convener of a Committee appointed originally to study "the advisability of recommending the use of motion pictures for teaching purposes in Schools of Nursing" and later appointed to study "cost of producing such pictures," I wish to make the following report:

The Committee has been inactive for these reasons: In the instance of the original objective there was no need for the Committee to function since the value of illustrative material in any form for teaching purposes is indisputable and therefore may be recommended without further study upon the matter. In the instance of the second objective careful consideration has shown that it is quite impossible to form anything approaching a true estimate of the cost involved beyond the following quotations submitted by the Eastman Kodak Company:

Camera (size suitable for making pictures as above)	$180.00
Projector	200.00
Film: 1 roll, 100 ft. (including developing and printing)	8.50
Lamps: 750-watt, 2 hours burning power (2 required at 35 cents)	.70
Reflectors (2 required at $18)	36.00

(*a*) Camera, projector, films and lamps are necessary equipment.

(*b*) Lamps (750-watt) do not require special voltage wires, but may be used in any ordinary building. Any kind of a portable stand with a good reflector may be used for these special high-power lamps.

(*c*) Films (100-ft.) are good for four minutes at average speed and may be run continuously or intermittently as desired. Extra copies taken from a negative cost $3.00 per roll of 100 ft.

(*d*) Camera has two speeds and is easily run by an amateur photograpger.

(*e*) The main parts of the above equipment are manufactured in the U.S.A., sent to Canada under very small duty, and assembled into the finished article in Canadian factories.

Other factors to consider in endeavouring to estimate the cost of producing motion pictures are as follows: whether there is required any extra paid labour; the usage of electtricity; the usage of dressings, drugs, etc.; the number of rolls of film requred; whether the procedure being filmed is done for teaching purposes only or done of necessity for a patient; etc., etc.

(Sgd.) OLGA V. LILLY, Convener.

COMMITTEE OF COMPARATIVE COSTS OF NATIONAL OFFICE

For some months a special committee of the Canadian Nurses Association has been studying the comparative cost of publishing *The Canadian Nurse* in Western and Eastern centres. This study has involved other matters, such as the advisability of changing the National Office of the Canadian Nurses Association, and the appointment of a part-time or full-time editor for the magazine.

The members of this committee, Misses E. MacP. Dickson, Toronto; Gertrude Garvin, Ottawa; Jean Wilson, Winnipeg; Olga Lilly and M. F. Hersey, Montreal, were not able to arrange meetings, and the work has been carried on by correspondence only.

The following recommendations are submitted:

1. That the National Office be moved to Montreal.
2. That an editor for *The Canadian Nurse* be appointed dating from January 1, 1933. (A decision as to full-time or part-time service to be decided following discussion at Saint John.)
3. That the office of the Executive Secretary of the Canadian Nurses Association and the Editor and Business Manager of *The Canadian Nurse* be adjacent (if possible), and that they be under separate management.
4. That the cost of such an appointment be met by the regular funds of the Association for an experimental period of two years.

Respectfully submitted.

(Sgd.) M. F. HERSEY,
Convener.

COMMITTEE ON INCREASE OF MEMBERSHIP BY 1934

Realising that the Canadian Nurses Association should aim for a great increase in membership by the date of the twenty-fifth anniversary of the Association, which will be celebrated at the General Meeting, 1934, it was decided by the Executive that a committee should be formed to encourage this increase. As the possibility of increase in membership is greatest in Ontario, it was decided to appoint a member of the Registered Nurses Association of Ontario to be convener.

To date no action has been taken, but it is planned to have on the Committee representatives from each Province, who will stimulate membership in their provincial associations in the way best adapted to their type of organisation. Membership in all the provinces except Ontario and Prince Edward Island is automatic with annual registration. In these two provinces membership in the Provincial Association has no connection with registration, with the result that the membership is much less than the number of nurses registered for the year. For instance, in Ontario about 8,000 nurses register annually and the present membership of the R.N.A.O. is just over 2,100.

The Committee bespeaks the co-operation of each member of the Canadian Nurses Association to assist in every way to encourage this desired increase in membership, which is so truly needed if the Association is to be really representative of the nurses of Canada.

(Sgd.) MARY B. MILLMAN,
Convener.

RESOLUTIONS

From General Sessions

Resolved:

THAT the National Office be moved to Montreal.

THAT an Editor and Business Manager for *The Canadian Nurse* be appointed, the details of her duties to be left to the Executive Committee and that the cost of such an appointment be met by the regular funds of the Association for an experimental period of two years.

THAT the office of the Executive Secretary of the Canadian Nurses Association and the Editor and Business Manager of *The Canadian Nurse* be adjacent (if possible), and that they be under separate management.

THAT the policy of financing the Sections remain as it is, and that the surplus at the end of each two-year period be returned to the general treasury.

THAT the Canadian Nurses Association, in session June 21, 25, 1932, desires to open negotiations with the General Nursing Council of England and Wales for the purpose of making possible reciprocity for registration of trained nurses from Canada.

THAT the President and Miss Jean Gunn (Second Vice-President, I.C.N.), and four unnamed delegates represent the Canadian Nurses Association at the International Council of Nurses Congress, 1933; and that the naming of the delegates be left to the Executive Committee, but that they be representative of the three Sections: that a French-speaking nurse be one of the delegates.

THAT the exchange nurse be given salary by the hospital in which she is serving and that she shall pay her own travelling expenses. Any scholarship given to a nurse shall be considered as outside the business arrangements of the Committee on Exchange of Nurses.

THAT the Exchange of Nurses Committee be requested to develop some scheme whereby the exchange of nurses within the Dominion of Canada may be effected, and to continue their efforts to establish some plan for exchange abroad.

THAT District Association No. 1, R.N.A.O., place itself on record as approving July rather than June for the date of the Canadian Nurses Association General Meetings, as any date after July 1st is more satisfactory to the majority of nurses, particularly public health nurses engaged in school work.

THAT a letter be sent to Dr. G. M. Weir and the University of British Columbia expressing the warm appreciation of the C.N.A. for the signal service rendered in directing the Survey of Nursing Education in Canada.

THAT letters of thanks be sent to the following for their contribution towards the success of the Convention: The Hon. Vincent Massey, P.C., LL.D.; the Rev. C. Gordon Lawrence, the Hon. C. D. Richards, His Worship Mr. Jas. W. Brittain, Mayor of Saint John; Dr. W. W. White, Professor Roy Fraser, Professor F. Clarke, Dr. S. R. D. Hewitt, Dr. G.Stewart Cameron, the Saint John Medical Association, the Press (national and local), Miss Murdoch and the Arrangements Committee; the New Brunswick Department of Health, the New Brunswick Association of Registered Nurses, St. Joseph's Hospital, the Saint John Tuberculosis Hospital, the Saint John General Hospital, the Hotel Management, the Retiring Officers (Miss Ellis and Miss Simpson), the Staff at the National Office.

From Survey Report Sessions

Re the Approved Training School

Resolved:

THAT an approved school must be equipped and staffed to give satisfactory instruction in the five major departments, namely, medicine, surgery, obstetrics, pediatrics and communicable diseases.

THAT an approved school should set junior matriculation or graduation from a special high school course prepared for nurses as its entrance standard.

THAT not later than June 30, 1935, all approved schools should set junior matriculation, or graduation from high school, or graduation from a special high school course prepared for nurses as an entrance standard.

THAT all students in approved schools be at least nineteen years of age.

THAT all students of approved schools shall have a yearly physical examination.

THAT in all approved schools the eight-hour day should obtain, including class hours if possible.

THAT in approved schools, the plan which Dr. Weir outlines for a nursing interneship shall be put into effect.

THAT approved schools give preference to the special high school course for nurses when this is established.

THAT steps be taken to bring nursing education into the general educational scheme of the province.

THAT the importance of teaching the principles of health work throughout the entire course and the value of experience in some phase of public health work during the student's training shall be stressed.

THAT the standard should be raised for nurse registration examinations and that these examinations be held in fewer centres.

THAT in order that the experience of the small hospital, which is undoubtedly of value to the nurse in fulfilling her responsibilities to the community after she graduates, may not be lost, it is recommended that a comprehensive plan be formulated whereby such opportunities may be adequately utilized in post-graduate work and through a system of interchange of nurses within the Dominion of Canada.

THAT the Executive Committee of the C.N.A. be requested to present to the members in general session in 1932 the desirability of planning a measure, whereby the Provincial Registered Nurses Associations might confer, through specially selected representatives, on the subject of law amendments, in the hope that all such might provide more uniform demands; and also that provision for national registration be considered before the next General Meeting of the Association in 1934.

Re the Analysis of the Cost of Nursing Education

Resolved:

THAT the C.N.A. communicate with the Boards of Trustees of all Canadian hospitals conducting training schools for nurses, with the following suggestions:

1. That the Board of Trustees study the Survey of Nursing Education in Canada, especially those sections dealing with the education of the student nurse.

2. That each hospital undertake a definite study of nursing costs within its own institution with a view to estimating and comparing the cost of nursing education and nursing service.

THAT the Board of Trustees co-operate in working out a uniform method of cost ac-

counting for use in all hospitals conducting training schools for nurses and in placing the training school for nurses on the budget system.

THAT the Board of Trustees definitely study the curriculum of the training school for nurses in order to estimate the extent to which the programme of nursing education definitely benefits the nursing service in that individual hospital.

THAT after definite knowledge of the actual cost of nursing education and nursing service is available, the Board of Trustees co-operate in an effort to secure governmental subsidy for the net cost of nursing education, which is given in the Survey in the following terms: "The net cost of educating the student nurse is the difference between the total cost of her education and the monetary value to the hospital of her services."

THAT the Board of Trustees be notified of the appointment in each province of the Provincial Study Committee, and their interest and co-operation solicited.

Re the Distribution of Nursing Services

Resolved:

THAT hospital boards be circularised by the C.N.A. regarding the desirability for a material reduction in their student nurse personnel, and whatever increase necessary in the staff of graduate nurses.

THAT Provincial Joint Study Committees be asked to make a special study of superannuation schemes for nurses.

THAT the C.N.A. recommend that the Provincial Joint Study Committees be asked by the Provincial Nurses Associations to wait upon the official bodies concerned with compulsory health insurance (in the provinces which already have it under consideration), with a view to impressing upon these bodies the necessity of socialising nursing services, as recommended in the Weir Report.

THAT the National Joint Study Committee be asked by the C.N.A. to study the question of a Dominion Bureau of Nursing as recommended in the Weir Report, and report back to the C.N.A.

THAT the Provincial Associations be asked to instruct the Provincial Joint Study Committees to study the question of petitioning the Provincial Governments to enact compulsory licensing of all who give nursing care to the sick for hire and to report back to the Provincial Associations for action.

From the Nursing Education Section

Resolved:

THAT whereas the number of nurses being graduated annually from the schools of nursing in Canada far exceeds the demand for their services, with resulting serious unemployment and economic distress, the C.N.A. recommends that all hospitals conducting schools of nursing be asked to consider a reduction in the number of students enrolled, and the substitution of graduate nursing service.

THAT the C.N.A. be asked to recommend to the provinces the serious study of the relationship of the size of the hospital to nurse training, and if possible to define specifically the term "adequate clinical material for nurse training," "desirable qualifications of instructors," and "the ratio between the number of instructors and students."

THAT in view of the increasing difficulties created by the more rigid enforcement of the immigration laws of the United States, which has resulted in the non-admission to the United States of students from Canada accepted by the schools of nursing in that country, it is recommended that the Canadian Nurses Association communicate with the American Nurses Association asking that the superintendents of the schools of nursing in the United States be asked to make certain that the students will be allowed to enter the United States before the student is accepted by the school of nursing, thus preventing unnecessary expense, disappointment and serious inconvenience to the student concerned.

From Public Health Section

Resolved:

THAT the C.N.A. be requested to make every effort to include public health nurses in its plans for national and international exchange of nurses.

THAT the C.N.A. be requested to send a resolution to the Minister of the Department of Pensions and Health, requesting that a representative from the C.N.A. be appointed to the Dominion Council of Health.

THAT whereas nursing education is a subject of general and not sectional concern, and requires for its best development the contributions of all branches of nursing, therefore be it resolved that the C.N.A. be requested to consider the formation of a central organisation, apart from and contributed to by the Private Duty, Public Health and Hospital or Institutional Sections, to carry on the study and related activities of nursing education.

THAT the following resolution be forwarded by the C.N.A. to the Programme Committee for the General Meeting, 1934: "That open meetings of the sections be held, similar to those arranged at the annual meetings of the Registered Nurses Association of Ontario."

From Private Duty Section (Recommendations)

THAT the graduate private duty nurse should possess minimum academic qualifications equal to, though not necessarily identical with, junior matriculation.

THAT the present economic status of the average private duty nurse should be considerably improved.

THAT the private duty and other nurses should co-operate with the medical profession, hospital officials, and the laity in giving group and hourly nursing a fair trial.

Reports of Provincial Associations

ALBERTA ASSOCIATION OF REGISTERED NURSES

Objectives: The objectives of the Association of the Alberta Registered Nurses are to protect the members of the Association, and maintain standards in the nursing profession. To foster interest and cohesion among the members and to further the growth of the Association.

Membership: (a) Basis of membership: Provincial R.N. Examinations and approval of Senate of University. (b) Number of members: 563 on April 29th, 1932. (c) All nurses completing their registration in Alberta automatically become members of the Association. (d) Percentage of members subscribing to *The Canadian Nurse*, 5.1%.

Sections Organised: (a) Nursing Education; (b) Private Duty; (c) Public Health.

Standing and Special Committees: In 1931 a Joint Study Committee for consideration of the Weir Survey Report was appointed.

In 1932 a committee was appointed to study the Revision of the Constitution and By-laws of the Registered Nurses Association.

A special committee was appointed to investigate certain recommendations regarding the establishment of recognised Training Schools in Mental Hospitals.

A committee was appointed to confer with the Provincial Red Cross Society regarding the Voluntary Enrolment of Nurses for Emergency service.

Annual Meeting: (a) The date of the last annual meeting was March 22nd and 23rd, 1932, held in Edmonton.

(b) Content of sessions, etc.:

President's address; Secretary-Treasurer's and Registrar's reports. There was an increase in membership of 42 nurses over the membership of 1930. Guest speakers were Miss Jean Browne, Secretary of the National Joint Study Committee, Toronto; Dr. C. A. Barager, Commissioner of Mental Hospitals for Alberta; and Miss Catherine Lynch, Matron, Provincial Mental Hospital, Ponoka.

The Association was fortunate in having Miss Jean Browne, who gave two very interesting and illuminating addresses on the Survey Report.

Dr. Barager spoke on The Problems and Relationship of Mental Nursing, and Miss C. Lynch on Some Problems in Mental Nursing.

The remainder of the session was occupied in discussing the Survey Report, the National Office, and reports from the various sections.

A delegate was appointed to the C.N.A. Convention at Saint John in June.

(c) Officers elected:

President, Miss F. Munroe; First Vice-President, Mrs. de Satge; Second Vice-President, Miss S. Macdonald; Secretary-Treasurer, Miss K. S. Brighty.

Special Interests: Special interests, activities and accomplishments include:

1. The Senate of the University of Alberta Regulations require that the bed capacity of small hospitals wishing to conduct schools of nursing be increased to 100 beds.

2. An Inspection Committee for Schools of Nursing appointed by the Senate of the University. The personnel of this Committee represents the medical profession, the nursing profession and the laity. Those appointed are: Dr. J. J. Ower, Provincial Pathologist; Miss Eleanor McPhedran, President, A.A.R.N., and member of the Senate of the University; and Professor A. E. Ottewell, Registrar of the University of Alberta.

3. Unemployment among Nurses: Of special interest to the Association is the loan fund sponsored by the Edmonton Graduate Nurses Association. This fund has been subscribed

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to by nurses in permanent positions in the province, and is safeguarded by a committee whose duty it is to grant loans to nurses needing financial assistance due to the present economic conditions.

A special scholarship was granted in 1931 to Miss Elizabeth C. Shirley, Calgary General Hospital, 1925, who entered a post-graduate course in Administration at the School for Graduate Nurses, McGill University, Montreal.

Other features or trends which characterise the work of the organisation are:

1. A special committee was appointed in 1931 and is making a study of the Registered Nurses Act, and By-laws of the A.A.R.N., with a view to bringing in recommendations for the revision of the same.

2. Members of the Public Health Section have pledged themselves to do their utmost towards increasing the number of subscribers to *The Canadian Nurse*.

(Sgd.) KATE S. BRIGHTY,
Secretary-Treasurer.

GRADUATE NURSES ASSOCIATION OF BRITISH COLUMBIA

Objectives of the Association: The continued effort to uphold nursing standards in British Columbia.

Membership: (a) Basis of Membership: Graduate of an accredited training school in British Columbia, or a graduate of an accredited school whose qualifications are equal to those demanded of our graduates. The educational standard must be equal to that asked of our graduates also.

(b) The Association has a membership of 2,016.

(c) All registered nurses in the province are members of the Association.

(d) In April, 1932, 102 members were subscribers to *The Canadian Nurse*.

Sections organised are: Nursing Education, Private Duty, and Public Health.

Standing and Special Committees are: Public Health, Private Duty, Nursing Education, Programme, Press, Nominating and Legislative. Special Committees are arranged as occasion requires. Those active at the present time are: Red Cross Emergency Service, Hourly Nursing Service, Survey, Library, Pensions and Insurance for Nurses, Registries.

Annual Meetings: Easter Monday of each year is the date set for the annual meeting of the Association. The content of sessions are similar to those of other nursing organisations. Officers are elected for a two-year period, that is, from April, 1931, to April, 1933.

Special Interest, Activities and Accomplishments: Two scholarships were awarded in 1930 and one in 1931. A refresher course was held in 1932. A committee of nurses studied educational standards together with two principals of Vancouver schools, to evolve the best course for nurses now available in the high school curriculum. An effort was made to obtain a summer course at the University of British Columbia. Owing to conditions existing at the present time the University of British Columbia could not grant this, but will do all possible to help nurses in the field to obtain their certificates by attendance at sessions, not necessarily in one year. Distribution of the questionnaires relative to the Survey of Nursing Education in Canada was undertaken. Consideration has been given to the unemployment of nurses. The interest of the Association has also been directed toward Red Cross Emergency Service and Hourly Nursing Service.

Other features or trends which characterise the work of organisation are routine attention to re-registration of provincial nurses annually, inspection of training schools in British Columbia, control of arrangements and financing of examinations for Registered Nurses' certificates and registration of nurses.

(Sgd.) HELEN RANDAL, Registrar.

NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

The New Brunswick Association of Registered Nurses is organised for the following purposes: To provide a body of well educated, thoroughly trained nurses for the intelligent and sympathetic care of the sick: to promote professional and educational advancement: to elevate the standards of nursing education: to improve the character of nursing service in all fields of nursing endeavour.

The basis of membership is registration in the Province of New Brunswick. To date, 933 R.N. certificates have been issued: this number includes the certificates issued to members now deceased, those who have resigned from active duty, those who have entered other occupational fields. About 75% of the nurses engaged in active duty throughout the province is included in the membership. On January 1st of this year, the number in good standing was 349. A total of 66 names are on the subscribers' list of *The Canadian Nurse*, less than 6% of the total number available.

Three sections are organised, Public Health, Private Duty and Nursing Education. Three standing committees are now functioning: Legislation and By-laws Committee, The Canadian Nurse, and of recent formation, the Joint Study Committee.

The annual meeting is held in the month of September each year. The date, a flexible one, usually occurs in the third week of the month. Decision regarding the date is left to the Executive Council. The meeting occupies two full days for completion. Reports are read from the secretary-treasurer and registrar, the auditor, secretary of the Examining Board, the conveners of the sections and standing committees, the secretaries of the four local Chapters organised in the provincial districts. Discussion is freely participated in concerning the business indicated in the reports by all interested. One or more outstanding speakers are usually heard on desired topics.

The meeting concludes with the election for one year of the ensuing officers: President, First and Second Vice Presidents, Hon. Secretary, twelve Councillors. The conveners of the three sections and standing committees are elected also. The Association employs one part-time salaried worker, who serves as Secretary-Treasurer, Registrar and Secretary of the Examining Board.

Registration examinations are held twice yearly, on the first Wednesday and Thursday of every May and November. The examinations are under the direct control of a Board of Examiners, whose membership is made up of the following: Three nurses who serve for a period of three years, and two physicians, appointed by the Provincial Council of Surgeons.

The special interest and activity of the past two years has been an effort to incorporate into the Registration Act a compulsory standard of education as a requirement for all prospective students desiring to enter the provincial nursing schools. Satisfactory completion of Grade X was the standard unanimously agreed upon by the Association. A most unfortunate reception was met with from the legislative body, and the amendment to the Act, for the time, was withdrawn.

In the interests of establishing some form of provincial school inspection, correspondence has been carried on with the secretaries of the Associations of Registered Nurses of Nova Scotia and Prince Edward Island. A plan in mind is to create a Maritime Board of Nurses, under this to have a qualified Nurse Inspector or Advisor for the Maritime Schools of Nursing. At the moment, New Brunswick is unable to finance a share in this effort.

One outstanding accomplishment is the growing membership. There are two reasons for this: a registration

fee raised to ten dollars includes a year's membership in the Association, and the list of all members of the Association in good standing for the past year is published in a newspaper of provincial circulation, in addition to that which is published every January in the Royal Gazette. It has come to be more and more a matter of concern not to be left off the publicly printed list of Registered Nurses in good standing.

This year the New Brunswick Association of Registered Nurses has the honour and the pleasure of being hostess to the Canadian Nurses Association at the Biennial Meeting in Saint John. It is the earnest wish of the members of the Provincial Association that their duties as hostesses may be so competently and graciously performed, the welcome to the guests so cordially extended, that we may have, readily granted, their permission to call this latest effort an accomplishment.

(Sgd.) MAUDE E. RETALLICK,
Secretary-Treasurer and Registrar.

THE REGISTERED NURSES ASSOCIATION OF NOVA SCOTIA

Objectives: To provide a special organisation for graduate nurses, and to do all such things as from time to time may be necessary to elevate the status and advance the purposes of the Association;

To unite the members of the profession into one general body; to provide for the better definition and protection of graduate nurses, and the supply of educated and trained members, and the issue of certificates;

To promote and foster among the members of the profession a high sense of the importance of professional training and to protect the mutual interests of the members;

To provide opportunities for intercourse among the members, and to give facilities for the reading of papers, the delivery of lectures and for the acquisition and dissemination by other means of the most approved methods and scientific teaching of nursing;

To assist necessitous members, and to act as trustees of any benevolent fund or funds which may be contributed for any purpose.

Membership: Basis of membership: Graduation from an approved School of Nursing. Preliminary education of, at least, the equivalent of Grade X (public schools of Nova Scotia).

Number of Members: 580 (of which 346 are fully paid up).

All registered nurses are members of this Association—all registered nurses in Nova Scotia.

Percentage of members subscribing to *The Canadian Nurse*, about 10% of paid-up members.

Sections Organised: Public Health, Private Duty, Nursing Education.

Other Standing Committees: Library, Legislative, Programme and Publications, Red Cross Emergency Corps, Registrar's Advisory, Arrangements, Nominations.

Annual Meeting: Date, June 1st and 2nd, 1932, in Antigonish. Programme: Reports of Officers; Reports of Conveners of Committees; Reports from Branches of Association; Discussions and recommendations arising from above; Discussion regarding Instructors in Schools of Nursing; Discussion of the Office of Inspector of Schools of Nursing; Discussion of Higher Educational Qualifications for Entrance to Schools of Nursing; Discussion of Pooling of Expenses of Delegates to National Association and Members of National Executive Committee; Discussion of Survey of Nursing Education in Canada; Appointment of Delegates to Canadian Nurses Association for Biennial Meeting in Saint John.

Officers Elected: President, Miss A. Slattery; First Vice-President, Miss V. Winslow; Second Vice-President, Miss E. Grant; Third Vice-President, Miss G. MacKenzie; Recording Secretary, Mrs. D. Gillis; Corresponding Secretary, Treasurer and Registrar, Miss L. F. Fraser.

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CANADA

Special Interests: Registry for private duty nurses. Preliminary education of entrants to training schools. The Red Cross Emergency Corps has about 46 volunteers.

All schools of nursing in Nova Scotia have the three years' course of study now, except the Victoria General Hospital School of Nursing for Male Nurses (which is still two and one-half years).

Ninety-four members were admitted in year 1930-1931.

One hundred and seven members were admitted in year 1931-1932 (to date). Five nurses, graduates of the Victoria General Hospital, have had the H. J. Crowe Scholarship and have taken courses at the School for Graduate Nurses at McGill University, Montreal: two are now on the staff of training schools of nursing in Nova Scotia. Miss Margaret E. MacKenzie, President, was appointed a member of the Dominion Board of the Victorian Order of Nurses, at the request of that organisation. Two more industrial nurses have been engaged in the province—one by the Canadian National Railway Company at the terminals in Halifax, and the other by the T. Eaton Company, Maritimes, Ltd., at the stores in Halifax.

Features Characterising the Work of this Organisation: Adoption of the following resolutions:

That a Maternity Hospital graduate admitted to a General Hospital School of Nursing be allowed only three months for that training in the course of general training of the School of Nursing entered by such Maternity Hospital graduate.

That all students in the Schools of Nursing be required to make up any time which exceeds nine weeks. This includes all vacations and leaves of absence during the three years' course of training. Candidates for registration examinations who are pupil nurses shall not be eligible to write same until within six weeks of completion of the prescribed course of his or her hospital.

Affiliation fees for 486 members (paid up to 31st August, 1930) were forwarded to the Canadian Nurses Association for year before last and for 367 members (paid up to 31st December, 1931), for last year.

(Sgd.) L. F. FRASER,
Registrar.

THE MANITOBA ASSOCIATION OF REGISTERED NURSES

Objects: (1) To advance the educational standards of nursing. (2) The standardisation of training schools in Manitoba. (3) To maintain the honour and status of the nursing profession and render service in the interest of the public.

Membership: (1) Graduate nurses who are registered according to the Nurses Act of Manitoba are eligible for membership in the Manitoba Association of Registered Nurses on payment of the initial fee of $10.00, and an annual renewal fee of $2.00. (2) There are 2,426 registrants in the province since 1914. (3) The active membership would be about 700. Of these, 370 are paid-up members for 1932, which means that just over 50% only are paid-up members of this Association. (4) About 20% of the paid-up members subscribe to *The Canadian Nurse*.

Sections Organised: 1. Nursing Education Section was organised in 1924. During 1930 this Section compiled a suggested minimum curriculum for schools of nursing in Manitoba, and in 1931 arranged a refresher course for graduate nurses in co-operation with the Provincial Department of Public Health. The members of the Section are hopeful of being able to arrange a Department of Nursing at the University of Manitoba. The Section is at present making a study of the recent report of the Survey of Nursing Education in Canada.

2. The Private Duty Section was organised in 1921, and during the past two years this Section has held many meetings of its members. The

private duty nurses are all desirous of a shorter working day, and the ten-hour day was inaugurated and tried out with more or less success. The present condition of unemployment among the members of this Section is their greatest problem.

3. The Public Health Section was organised in Manitoba in 1919. During 1930-31 this Section sponsored a number of lectures and talks on matters of health interest, which were all well attended.

Standing and Special Committees: The Association is managed by a Board composed of fifteen members, who are in office for a period of two years, and who meet as often as necessary to attend to the affairs of the Association.

1. The Legislative Committee is especially selected by the Board to attend to such matters as amending the by-laws and presenting these to the Provincial Legislature.

2. The Membership Committee endeavours to secure new members and assist in the matter of payment of renewal fees.

3. The Directory Committee is composed of members of the Association representing all branches of nursing, and transact business relating to the Directory.

4. The Sick Visiting Committee visits all members who are ill and report to the next General Meeting.

5. The Social and Programme Committee attends to the social and literary matters which may be necessary for the welfare and professional advancement of the Association.

6. The Nominating Committee is appointed usually two months before the Annual Meeting to nominate new officers for the Board.

7. The Librarian attends to the arrangement of books and magazines of the Association, also to the lending and return of same.

Last year in Manitoba two special committees were appointed: one to look into the matter of unemployment among Private Duty Nurses; the second, the Joint Study Committee, was formed to study the recent Report of the Survey of Nursing Education in Canada.

The Committee on Unemployment was asked by the Board of the M.A.R.N. to investigate the circumstances of some three hundred private duty nurses who were registered on the list of the Manitoba Nurses' Central Directory, and also to bring back some suggested measures for relief. Following this, early in 1932, a sum of $3,000 was voted by the M.A.R.N. from the Association funds, this money to pay for work created for the relief of unemployed nurses in the province of Manitoba.

This scheme has been put into operation and has helped in some measure to relieve the situation temporarily. Under the method adopted for distribution of this fund, any patient in hospital who is seriously ill and unable to pay for special nursing care is allotted a nurse for a period up to twenty days, the nurse being paid at the rate of $3.15 per day, the hospital supplying her meals free of charge. The use of this service has been offered to the organisation doing hourly nursing work should a patient in a home need all-day care. Under this scheme, up to the present, employment has been given to forty registered nurses. The Alumnae Associations of the larger hospitals co-operating with the M.A.R.N. have evolved a scheme to raise money for their unemployed graduates. The members of the Alumnae who are employed give one per cent. of their salary and the married members also contribute. The money is used to pay for group nursing, etc., for patients who need and cannot afford to pay for special nursing care.

The Annual Meeting: The annual meeting of this Association is held in January each year, usually in the third week, but the date may be arranged by the members of the Board. The meetings usually comprise an afternoon and evening session. The afternoon session is devoted to the presenting of annual reports submit-

ted by the following: President, Corresponding Secretary, Recording Secretary, Registrar, Treasurer.

Sections: Private Duty, Nursing Education, Public Health.

Committees: Legislative, Directory, Membership, Sick Visiting, Social and Programme, Librarian.

Representatives: Local Council of Women, Central Council of Social Agencies, Victorian Order of Nurses, Canadian Red Cross.

A dinner meeting is held during the evening, at which time there is a guest speaker, who delivers an address on some current event. Officers are elected at the annual meeting to replace members on the Board whose term of office has expired. Conveners of committees and representatives to other affiliated organisations are also elected at this time.

Over the period from June, 1930, till June, 1932, the Manitoba Association of Registered Nurses has held eighteen meetings of the members of the Board and eight general meetings of the members, the business of the Association being conducted at the Board meetings. The general meeting usually took the form of a dinner gathering of the members, when a speaker of some distinction later addressed the meeting on some subject of current interest. This year the opinion of this Association on certain phases of public health work was asked for by the Pratt Commission on Public Health in the Province of Manitoba. A reply was compiled by the conveners of the three Sections, Private Duty, Public Health, and Nursing Education, and forwarded to the Secretary of this Commission.

This Association is affiliated with the Canadian Nurses Association, Canadian Red Cross, Local Council of Women, Central Council of Social Agencies, and contributes financially to the support of a native nurse in the Punjaub, India.

A contribution was made also to the Mary Aikens Memorial Fund, which had as an objective the furnishing of a ward in the Children's Section of the Winnipeg General Hospital.

Also, a donation was made to the Women's Service Bureau, an organisation which devotes its efforts to assisting unemployed women and girls of the business world.

The Association owns a set of lantern slides depicting the History of Nursing, and these slides are lent in turn to all of the hospitals, with schools of nursing, in Manitoba.

(Sgd.) S. GORDON KERR,
Secretary-Treasurer.

REGISTERED NURSES ASSOCIATION OF ONTARIO

Objectives: The objectives of the Association are: to advance the educational standards of nursing; to maintain the honour and status of the nursing profession and to render service in the interest of the public.

Membership: (a) Basis of membership, voluntary; (b) number of members, 2,046; (c) 13.4% of the registered nurses in Ontario are members of their Provincial Association; (d) approximately 25% of the members of the Association subscribe to *The Canadian Nurse*.

Sections: Nursing Education Section: Perhaps the most important work undertaken by this section was the Refresher Course for Nurse Instructors and Administrators given by the Extension Department of the University of Toronto, in November, 1930. Seventy full-time and thirty part-time students attended.

An outline of the Undergraduate Course in Mental Hygiene and Psychiatric Nursing at the Toronto Psychiatric Hospital, and for the Post-Graduate Course in Mental Nursing at the Ontario Hospital, Whitby, was given at the annual meeting in 1932. The establishment of these courses shows a marked progress in the field of mental nursing.

Private Duty Section: The private duty nurses in the districts throughout the province are planning to hold study groups to study Dr. Weir's Report of the Survey of Nursing in Canada.

Public Health Section: The Public Health Section of District No. 5 arranged for a Maternal Care Institute in February, 1932. This was conducted by Miss Ethel Cryderman, Ontario Supervisor, Victorian Order of Nurses for Canada, and held in a class room at the Toronto General Hospital. Twenty-two nurses registered for the Institute.

Standing Committees: The Legislation Committee in 1931 revised the Constitution and By-laws of the Association.

Special Committees: 1. The Provincial Joint Committee with the Ontario Division, Canadian Red Cross Society, reports that 298 registered nurses have enrolled for emergency service in war or disaster.

2. The Provincial Joint Study Committee has held one meeting, when recommendations were drawn up to be brought back to the Ontario Medical Association and the Registered Nurses Association of Ontario, with suggestions to increase the personnel to include representatives from other organisations in the province. Study groups have been formed throughout the province.

3. The Permanent Education Fund Committee reports that $1,147.97 has been contributed by the members of the Association. This fund was established in 1930 by means of levying an annual tax of $1.00 per member for five years, the purpose in mind being to provide funds to finance the preparation of specially qualified persons for educational administrative work, which will benefit the nursing profession in the province.

4. The Exhibition Committee report that $350.00 had been realised from the commercial exhibits at the annual meeting in 1931 and approximately $275.00 in 1932.

5. The reports of the activities of the Council of Nurse Education since 1930 show that Ontario now has a list of approved Schools for Nurses. At the examinations for registration in November, 1932, only candidates from approved schools will be permitted to sit for examination. During the past year, fourteen hospitals of 15-50 bed capacity have discontinued their schools, and their students then in training were placed by the Inspector of Training Schools to complete their training elsewhere.

6. At the annual meeting in 1932 an interim report was presented on a proposed Nursing Matriculation Course as the standard requirement for entrance to schools for nurses in this province. The special committee appointed—by the Ontario Department of Education and consisting of nurse educators and high and vocational school principals—to formulate this course, hopes to obtain its approval by the Senate of the University of Toronto and the Ministers of Education and Health, so that it may be introduced into high and vocational schools next September. Following discussion in the general meeting, the Board of Directors appointed a committee to study and report on this question.

Annual Meeting: The annual meeting was held in Ottawa, March 31st, April 1st-2nd, 1932, with a registration of 338.

The meeting dealt principally with the study of the Report of the Survey of Nursing Education in Canada. At the open sessions summaries of the Report in relation to Nurse Education, Private Duty and Public Health Nursing were presented.

The guest speaker at the banquet was Dr. Stewart Cameron, Chairman, Joint Study Committee, Survey of Nursing Education in Canada. Dr. Cameron's address was based on some of the findings contained in Dr. Weir's Report.

Officers for 1932-33 are: President, Miss Mary B. Millman; First Vice-President, Miss Marjorie Buck; Second Vice-President, Miss Priscilla Campbell; Secretary - Treasurer, Matilda E. Fitzgerald.

(Sgd.) MATILDA E. FITZGERALD,
Secretary-Treasurer.

GRADUATE NURSES ASSOCIATION OF PRINCE EDWARD ISLAND

Objects: The Graduate Nurses Association of Prince Edward Island has for its objectives:

1. To provide a special organisation of graduate nurses so that the members of the profession may be united into one general body: to promote and protect the mutual interests of the members.

2. To do all such things as from time to time may be necessary to elevate and advance the nursing profession in the province and to foster among the members a sense of the importance of a high standard of professional training.

Membership: There are two classes of membership, namely: active and inactive members. Active members are those practising in the province. Inactive members are those residing in the province but who are not practising nursing, and those located elsewhere.

An active member becoming an inactive member notifies the secretary-treasurer of the change; and change in status of dues becomes effective at the annual meeting following receipt of notice. Members in arrears for two consecutive years are notified by the secretary-treasurer, and those members failing to pay within three months after such notice, forfeit the right of membership and their names are taken from the roll of members.

Members who have been dropped for non-payment of dues may be reinstated by paying full registration fee.

Registration Membership: The incorporators under the Registered Nurses Act and every person who

(a) Resides in and practises, or proposes to practise, the profession of nursing in the province, and is a graduate of an approved training school;

(b) Is of good moral character, and

(c) Is at least twenty-one years of age, and

(d) Has passed an examination before the examiners as provided by this Act

shall on producing satisfactory evidence to the council in proof of such qualifications and on complying with all other requirements contained in the Act, be entitled to be registered as a member of the Association.

Persons who are registered as trained nurses in any other province or country which has substantially the same requirements for registration as this province, and whose qualifications are approved by the Board of Examiners, shall be registered without examination on presenting registration certificate of province, country, to registrar.

The names of two hundred and two (202) nurses have been enrolled on the register since the Nurses' Registration Act was passed in May, 1922, only seventy-two (72) of whom remain on the active list and twelve on the inactive list. Of the remaining 118, twelve names are still on the list, being in arrears but one year. The others according to the by-laws have forfeited their right to membership, but may be reinstated upon payment of initial registration fee.

All nurses receiving registration in this province automatically become members of the Graduate Nurses Association of P.E.I. Eight per cent. of members are subscribers to *The Canadian Nurse*.

Sections: Conveners of the Public Health, Private Duty and Nursing Education Sections are elected annually by the Association. The Private Duty Section has been organised and has held several meetings during the year. It consists of the convener and members of the Association actually engaged or interested in private duty nursing. The other two sections have not been organised.

Standing Committees: Programme, Auditing, and Sick-visiting are appointed at the annual meeting.

Annual Meeting: The annual meeting of the Association is held on the second Monday of June at such hour and place as may be decided upon. The following order of business is carried out: Minutes of the last meeting and quarterly meetings held throughout the year; business arising out of the minutes; report of the Secretary and Registrar; report of the Treasurer; reports of Standing and Special Committees; reports of Private Duty Sections, resolutions, etc.; new business; election of officers; programme—addresses, music, etc.; annual dinner.

Officers elected (1931): President, Miss Lillian Pidgeon; Vice-President, Miss Bertha Darrach; Secretary-Treasurer, Miss Anna Mair (re-elected).

Special Activities During Year: Revision of by-laws; tentative minimum curriculum for provincial training schools; addresses: Pre-natal Care, Dr. Tidmarsh; Public Health in P.E.I., Miss McKenna, P.H.N.; History of Nursing, Hon. Dr. W. J. MacMillan, Minister of Health and Education; distribution and study of Report of the Survey of Nursing Education in Canada; annual picnic.

(Sgd.) ANNA MAIR,
Secretary-Treasurer.

THE ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

1. *Objectives of the Association*: To provide a body of fully trained and competent nurses for the care of the sick, and to provide means whereby those who possess such competency and training may be made known to the public, and also to promote the efficiency, usefulness and welfare of nurses generally.

2. *Membership*: (a) Basis—In so much that the Board of Management of the A.R.N.P.Q. constitutes the council on Nursing Education in the Province of Quebec and that the registration law places in their hands the administration thereof, all nurses registered in Quebec automatically become members of the Association.

(b) Number of members:

Members in good standing		3,237
French-speaking sisters	286	
French-speaking lay sisters	874	
		1,160
English-speaking members		1,494
Members on non-active list		583
Arrears 1930 and 1931		361
		3,598

(c) All registered nurses in Quebec Province are members of the A.R.N.P.Q.

(d) It is reported with regret that of the English-speaking members alone (2,094) only 219 or 10.4% subscribe to *The Canadian Nurse*.

3. *Sections Organised*: As the Association is a bi-lingual one, the Nursing Education Sections are organised separately, with a convener and executive committee appointed by each group.

The Public Health Section is organised as one group, carrying out its duties in both languages; the convener is an English-speaking member and her executive committee is composed of both French and English members. The conveners of the sections are members of the Board of Management of the Association, and by their reports keep the Board informed as to the activities of their respective groups.

4. *Standing and Special Committees*: (a) An Advisory Board, composed of English and French-speaking nurses who have rendered conspicuous service to nursing and nursing education in the province, renders to the Board of Management the advice and aid solicited.

(b) A Board of Nurse Examiners, composed of English and French-speaking members, is appointed by the Board of Management; each member serves for a period of three years. This Board controls the registration examinations, which are prepared by them; the French-speaking members also serve on the examining boards of the two French Universities (Montreal and Laval), whose examinations are recognised when the

French nurses who have passed them apply for registration.

(c) The three sections are listed in the by-laws as standing committees.

(d) A Finance Committee of four members, including the honorary treasurer, is appointed by the Board of Management.

(e) A Special Committee for the Study of the Survey Report has been appointed through which numerous study groups have been formed and are functioning.

(f) Special Programme and Nomination Committees are appointed each year prior to the annual meeting. These serve their special purpose until the end of the meeting.

5. *Annual Meeting*: The annual meeting must be held in January and usually lasts two days.

This year it was held on January 25th and 26th, 1932. The afternoon session held on January 25th constituted a general business session, when all reports were delivered in both languages, resolutions presented and adopted, scrutineers appointed, etc.

The evening session, January 25th, was intensely interesting and popular. Unfortunately hundreds were turned away for lack of accommodation. Two outstanding speakers presented most interesting and timely addresses: Dr. J. E. Gendreau, Ph.D., Director of the Provincial Radium Institute, on "La Lutte contre le Cancer" ("The Campaign against Cancer"), the lecturer turning fluently from one language to the other throughout the entire lecture in his inimitable and charming manner. The second paper was delivered by Dr. A. T. Bazin, a member of the Joint Study Committee of the Nursing Survey, who gave a most wonderful abstract of the Survey Report, which was limited to the lateness of the hour, and to be continued at a future date. The future date arrived on April 7th. On the second day, two morning sessions took place, one for the French-speaking members at Hotel-Dieu, the other at The Children's Memorial Hospital, where Drs. Cushing and Mitchell (Chief Medical Officer and Superintendent respectively) rendered a most interesting lecture and demonstration on Medical and Nursing Care in Poliomyelitis. The demonstration of the respirator (modified Drinkwater) was skilfully given by members of the nursing staff.

The last session of the annual meeting took the form of a pageant arranged by the Public Health Section, under the able direction of Miss Marion E. Nash, convener of the section and Educational Director of the V.O.N. of Greater Montreal District. The pageant, which was conducted in French and English, consisted of demonstrations of the various branches of public health nursing work in the province and was entitled The Public Health Nurse in Town and Country. This session, after votes of thanks were extended, resolved itself into a friendly tea party, at which over 400 members were present, the remainder of the 600 who were present at the session being unable to remain.

The Board of Management consists of ten members, five of whom are elected by the nurses at the annual meeting to serve a term of two years. The following officers were elected by the Board, from among their number, to serve during 1932: President, Miss Mabel K. Holt, R.N. (re-elected); Vice-President (English), Miss Caroline Barrett, R.N. (re-elected); Vice-President (French) Mademoiselle Edna Lynch, R.N. Hon. Treasurer, Miss Olga V. Lilly, R.N. (re-elected); Hon. Secretary, Miss Elsie Allder, R.N.; other members—Miss Flora A. George, Miss Marion E. Nash, Madame Caroline Vachen, Miss Sara Matheson, Miss Charlotte Nixon.

6. The special interests and activities of the Association comprise the education of student nurses in the province and their registration after graduation. To achieve this end, the Board appoints the Official School Visitor, who is also the Executive Secretary and Registrar of the As-

sociation, thus providing the required supervision in all the schools in an effort to ascertain whether or not the law requirements are being followed. Facilities for nursing and for methods of teaching are determined before schools are approved.

The accomplishments realised during the past two years through school inspection have been as follows:

1. The closing of a school in a special mental hospital and the introduction of plans therein for the provision of a special course in psychiatry and nursing of mental patients for post-graduate and affiliated nursing students.

2. The preparation and introduction into all schools of a minimum course in pediatrics.

3. A marked increase in the number of affiliations for education and experience in nursing and communicable diseases.

4. A considerable increase in the number of full-time nurse instructors in the schools, most of whom have had special preparation for their work through post-graduate education.

5. A greater understanding of common problems and a decided desire among smaller schools to compete with the larger.

6. The establishment of a larger number of modern teaching units and a more standard form of record keeping.

7. In a desire to assist the members to pursue post-graduate courses, two scholarships of $250 each are awarded annually, one each to a French and English-speaking member.

In an effort to teach the nurses the value and responsibility of State registration for nurses, a centralised course in Nursing Legislation has been arranged, two groups being presented annually from all the English schools in Montreal and those students which are affiliated with them. The course is conducted by the Registrar, who also gives a fifteen-hour course yearly on the same subject to the students in the School for Graduate Nurses, McGill University.

Five hundred copies of the Report of Survey of Nursing Education in Canada have been disposed of through the Association office, thirty of which were presented with compliments to leaders in education, religion, and health organisations, both French and English, throughout the province.

An additional 100 copies of the report have been received, which there is every reason to believe will be sold.

The Board of Management has ordered the translation and production in the French language of the Abstract of the Survey Report as prepared by Dr. Bazin. It is anticipated a sale of over 1,000 copies of the translation to those French members who are unable to read English will be made.

(Sgd.) E. Frances Upton,
Executive Secretary and Registrar.

SASKATCHEWAN REGISTERED NURSES ASSOCIATION

Objectives: The objectives of the Association are the interests of the nursing profession at large, and to raise the standards of the profession to an equal standing with other professions. This Association has tried to make a study of the Survey this year in an endeavour to understand its recommendations and improve the organisation thereby.

Membership: Registration is conducted in Saskatchewan by examination under a Board of Examiners appointed by the University of Saskatchewan or applications from other provinces or states with standards equal to those of this province are accepted on their own merits. During the past year 386 paid-up members were on record. Since registration went into effect in 1917, over seventeen hundred nurses have registered, but only about twenty-one per cent. are still active members. About twenty per cent. of the members are subscribers to *The Canadian Nurse*.

Sections: (1) Nursing Education; (2) Private Duty; (3) Public Health.

Standing and Special Committees: Standing committees are the three

sections just named. Two special committees have been formed recently: a Scholarship Committee of five members and a Legislative Committee of three members. At the annual meeting in 1931, it was decided to make the scholarship of five hundred dollars an annual award, alternating yearly for Public Health or Hospital Administration. Three scholarships have been awarded since the committee was formed. The scholarship student agrees to return to Saskatchewan for at least two years: the first student, Miss E. Amas, has been Instructor of Nurses for almost two years since her return in the Saskatoon City Hospital. The second student, Miss L. Lynch, is engaged in school work in Regina.

Annual Meeting: The annual meeting is usually held for three days in Easter week. This year it was thought advisable to have a two-day session on account of economic conditions. The two days were spent in studying the Survey Report. Papers were given by eight nurses and a complete resumé of the Survey Report was given by Dr. Quance, Dean of Education, University of Saskatchewan, at an evening meeting.

Officers elected for the coming year were as follows: President, Miss E. Smith; First Vice-President, Miss R. M. Simpson; Second Vice-President, Miss M. H. McGill; Councillors, Miss G. M. Watson and Sister Mary Raphael.

The work of the organisation is carried on by the members of the Council, in three or four Council meetings each year and by special committees, with a general annual meeting. Distances and separation of cities makes it very difficult to get members together for special meetings.

The Association hopes to revise the Registration Act and increase the educational standard for registered nurses through the newly formed Legislative Committee.

Representation has been made to the Minister of Public Health requesting that his attention be given to the matter of only registered nurses being allowed to hold hospital positions in the province and to the discontinuance of training schools for nurses in hospitals having less than seventy-five beds.

(Sgd.) E. E. GRAHAM,
Secretary-Treasurer and Registrar.

Reprints of the following addresses are available at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.:

1. The Survey and the Public, by the Hon. Vincent Massey—5 cents each.
2. The Medical and Nursing Professions and the Survey Report, by Dr. G. Stewart Cameron.

   Life, Profession and School, by Professor F. Clarke.

   The Scientist and the Survey Report, by Professor Roy Fraser.

These three addresses (No. 2) are combined in pamphlet form—20c a copy or six pamphlets to one address, $1.00.

Nightingale Week

By Miss GRACE M. FAIRLEY, Vancouver General Hospital, Vancouver, B.C.

Probably one of the most interesting and unique conferences in the recent history of nursing was that, arranged by the National Council of Nurses of Great Britain on "The Florence Nightingale International Foundation," held at London on the week of July 4th.

Some months previously invitations had been sent to the National Associations. Delegates from ten countries were present.

The Florence Nightingale Committee of the International Council of Nurses had been somewhat inactive for a number of years, although at the 1929 Congress held in Montreal it was reorganised, with Mrs. Bedford Fenwick as Chairman.

That any memorial to Florence Nightingale should be educational in form was a foregone conclusion, and for this reason, when the League of Red Cross Societies announced its decision to discontinue the International School at Bedford College, London, which it had financed for eleven years, it was not surprising that the Committee thought seriously of suggesting that some such course should be the aim of the I.C.N. to perpetuate the memory of a leader such as Florence Nightingale, who was essentially an educationist.

It was to discuss this suggestion or any other proposed scheme that the Conference was arranged, and those delegates privileged to be present were unanimous that nothing had been left undone in the week's programme to create an atmosphere that essentially belonged to her, who had done so much for the nursing profession throughout the length and breadth of the universe.

The small group, representing Belgium, Bulgaria, Canada, Denmark, Finland, Great Britain, Holland, Norway, India and Scotland, with Mrs. Bedford Fenwick, President of the National Council of Nurses of Great Britain, and Founder of the I.C.N.; Mrs. Maynard Carter, Chief of the Nursing Section, League of Red Cross Societies; and Miss Reimann, Seecretary of the I.C.N., met in conference on the proposed "Foundation," at 39 Portland Place, London (Headquarters of the National Council), on the morning of July 4th, 1932. From then until the final session on Friday, July 8th, every moment was taken up with visits to places of interest in or connected with Florence Nightingale.

The opening conference was followed by an exhibition of "Nightingaliana," which has been collected with great foresight by the British Council, under the able guidance of Mrs. Bedford Fenwick and Miss A. M. Bushby. Letters, photographs, prints and many priceless personal belongings, and the original copy of her Treatise on "Sanitation in India, 1872," were among the collection so thoughtfully arranged for this occasion by Miss Bushby and by the courtesy of Miss Lloyd Still, St. Thomas's Hospital.

Probably the most delightful day, so rich in atmosphere, was the visit of homage to the grave of Florence Nightingale, when the nurses from the different countries laid floral tributes on the grave so modestly marked "F. N." It was a perfect afternoon, the sun suddenly shining after a heavy rainstorm, and with a silence that bespoke the greatest reverence from the nurses of the world.

Later, a visit to Embly Park, her early home, a beautiful English estate, with exquisite grounds, and little changed from the days when Florence Nightingale as a young woman held Sunday school classes for the children of the vicinity under its stately old trees. The present owners of Embley, Mr. and Mrs. J. J. Crosfield, were most gracious in showing the delegates all that was most closely associated with the early life of Flor-

ence Nightingale and the Nightingale family.

Manchester House — truly international—was next visited. Here the students taking the nursing course reside during the college term. It is a charming old residence, Adam in architecture and delightfully finished, sufficiently informal to remove any feeling of institutional life. Each bedroom has the name of the country of the student occupying it painted on the door and the interior decorations (donated by the nurse students from these countries) are truly national in character and must be a great joy to the students in residence, all of whom come from parts vastly removed from each other in art and atmosphere.

St. Thomas's Hospital was visited, and there, if anywhere, is one conscious of the presence of the founder of our profession. There, the carriage she constantly used at Scutari; there, her uniform; there, the school she endowed and which for years has so wonderfully demonstrated her aspirations and traditions.

The College of Nursing, the General Nursing Council Headquarters, the British College of Nurses, each with its special contribution to the nursing profession, were all visited and the work of the organisation explained by the respective officials.

St. Bartholomew's Hospital, with its interesting Memorial Library to Miss Isla Stewart, and the Church of St. Bartholomew-the-Great, including the Tomb of Rahere, were included in the programme.

The conference was a timely event, as during that week the certificates were presented to the international students who had just completed the 1931-32 course. The diplomas were presented by Her Grace the Duchess of Atholl, M.P., and Miss Venny Snellman, Inspector of Nursing Education in Finland and President of the "Old Internationals Association," gave an address, which for clarity of thought and progressive in point of view, could not have been excelled. Fourteen students from eleven different countries were enrolled, six in the Public Health Course and eight in the Course in Administration and Teaching.

The social events had all a bearing on the raison d'être of the week's deliberations. A luncheon was given by the National Council of Nurses of Great Britain, a tea by the College of Nurses, dinners by the Association of Hospital Matrons and Royal British Nurses' Association. The annual dinner of The Old Internationals at Cowdry Club and a delightful dinner given in honour of the guests at St. Thomas's Hospital by Sir Arthur Stanley, all gave opportunity of hearing references to the Foundation, and one was ever conscious of the delightful opportunities of knowing more and better one's sisters from other countries.

The realisation of the common professional problems was an added bond to those privileged to represent their countries.

A final conference was held on Friday morning at 39 Portland Place, at which a suggested policy was formulated to present to the I.C.N.

Should the Nightingale Memorial take the form of a post-graduate course, such as is at present being given at Bedford College, it will mean that each country will have to pledge itself to grant at least one scholarship annually—in the proximity of $1,000, and also to set aside a similar amount towards a permanent endowment fund. It is hoped that the work of the Committee will be ready to present at the 1933 Congress in Paris.

Whatever the sentiment of the different countries may be as to the type of memorial, it is generally conceded that it should be educational in character, truly international in scope, and that it should be put into effect within the next few years. Let us hope that the vision of this great leader of health education will be immortalized by nurses the world over.

Nurses Honoured

MISS E. M. MUSSON

Her friends in Canada were delighted to learn of the honour conferred on Miss E. M. Musson when she received the honorary degree of Doctor of Laws at the University of Leeds. For several years Miss Musson was an Externe Examiner for the Diploma of Nursing of this University. She is Honorary Treasurer of the International Council of Nurses and a graduate with a gold medal of St. Bartholomew's Hospital, London. As a member of the College of Nursing, she is active in many of the nursing organisations in England and Wales. Formerly a Principal Matron of the Territorial Force Nursing Service, Miss Musson was awarded the Royal Red Cross, and in January, 1928, she was appointed to the rank of Commander of the Order of the British Empire by His Majesty King George.

MISS ELIZABETH SMELLIE

In recognition of the comprehensive programme of maternal welfare carried on by the Victorian Order of Nurses for Canada, the Rockefeller Foundation has extended to Miss Elizabeth Smellie, its Chief Superintendent, an invitation to visit a number of European countries within the next few months to observe and study conditions of maternal welfare there.

In the communication received recently from the Rockefeller Foundation, it was made clear that its interest in the work of the Victorian Order had been intensified by a study of the Survey of the Order's activities made last year by Dr. A. Grant Fleming, Professor of Public Health and Preventive Medicine at McGill University, and that Dr. Fleming's appraisal of the Order and his plea for extension of its service to every Canadian mother in need of it had made a deep impression on the authorities in charge of the awarding of Rockefeller scholarships.

Miss Smellie, who has been Chief Superintendent of the Victorian Order since 1924, had a distinguished record overseas, serving as a nursing sister and matron, and later as assistant to the matron-in-chief in Canada. She was mentioned in despatches and received the Royal Red Cross, first class.

MISS ELIZABETH SMELLIE

Miss Smellie expects to sail from New York early in September, and among other countries will visit England, Denmark, Austria, Germany and Italy, returning to Canada about the middle of December.

Denmark Nurses Bereaved

As the *Journal* goes to press, a message from Headquarters, International Council of Nurses, announces the deaths of Mrs. Henry Tscherning and Miss Charlotte Munck, of Denmark. Mrs. Tscherning, an Honorary President of the I.C.N., was President of the International Organisation from 1918 to 1922.

Miss Munck, who died on July 27th after a brief illness, was President of the Danish Council of Nurses and Matron of the Bispebjaerg Hospital, Copenhagen.

The announcement of the deaths of these two nurses of outstanding ability is a great sorrow to the nurses of Denmark and to their many friends in other countries.

The sincerest sympathy of the Canadian Nurses Association is offered to the members of the Danish Council of Nurses in the loss of these two leaders in nursing.

Notes on Nightingale Week

During "Nightingale Week" each official delegate was presented with a parcel attractively tied with the national colours. Inside the parcel was a card inscribed, "National Council of Nurses of Great Britain, Nightingale Week. This brick from No. 10 South Street, London: the home of Miss Florence Nightingale, O.M., from 1865-1910, was presented to....., July 4th, 1932."

Miss Grace Fairley, who represented the Canadian Nurses Association at Nightingale Week, very kindly brought the brick presented to her to the National Office, where it will be treasured among the archives. For the Canadian Nurses Association, Miss Fairley placed on the grave of Miss Nightingale a large sheaf of red and white carnations and a small Union Jack, tied with the national colours.

At a meeting of the Executive Committee, Canadian Nurses Association, held in Saint John, N.B., on Saturday, June 26th, 1932, Miss Grace Fairley was appointed Convener of the Florence Nightingale Memorial Committee, C.N.A. The President, Miss Emory, and Miss M. F. Gray are members of the committee. The Convener has power to add other members at her discretion.

How came it, that at so timely a moment a great leader broke in upon the scene? Whence came the visions with science still in the offing that have so swiftly and soundly built the foundations for the function of this vanguard of an emerging womanhood? Questions that neither science nor philosophy can answer. Answered or unanswered, the ever-deepening, ever-expanding stream of life pursues its course.

Leaders have come and gone in swift succession as have their followers, each building better than she knew, each thought lost in the vast spaces of oblivion immortal through the race; their accomplishments a sacred trust and a challenge to bring to greater perfection that body-mind we designate as man; each nurse a potential living force capable of increasing beauty and promotive growth; each the perpetuation of a burning zeal to prove ultimate good.

(Social and Ethical Significance of Nursing—Page 369.)

News Notes

BRITISH COLUMBIA

During the present economic crisis which has caused serious unemployment among nurses in British Columbia, as elsewhere, a number of plans put into effect to relieve the situation are:

Wherever possible, graduate nurses are addde to hospital nursing stsaff. The private pavilion of one hospital is staffed with graduates only; in another the class of probationers was not admitted in January, as customary, this necessitates employment of graduate nurses.

Two nurses' associations have established loan funds from which loans without interest are made. Other associations provide funds by which nurses are given work as far as possible in rotation for a certain number of days. Committees are appointed to administer these funds. One association has instituted the "Mite Box", into which members are asked to deposit a cent a day. This plan has been very successful. In several hospitals nurses are taking extra leave of absence in order to allow others to be employed.

ONTARIO

DISTRICT 6

Chapter 3 of District 6, R.N.A.O., monthly meeting was held at St. Joseph's Hospital, June 28th, at 8 p.m. Owing to the absence of Miss Dixon, president, Miss Anderson acted as chairman. A letter from Miss Mitchell regarding hourly nursing was discussed, also the suggestion that the Survey Report be studied at Chapter meetings as much as possible. A copy of a letter received from Dr. T. G. Routly, General Secretary of the Ontario Medical Association, in connection with the nurse's responsibility in accepting orders from other than regularly qualified practitioners, with regard to the administration of drugs. Another matter for discussion was the fees of the private nurse, which will be brought up at the next district meeting. The event of the meeting was a paper on the Survey Report by Sister Gonzoga, who spoke on "Socialisation of Nursing Service". The speaker, referred to some essentials of a Socialised Nursing Service.

The next meeting is to be held the last Tuesday in September at 8 p.m.

EDITOR'S NOTE:—Owing to limited space it is necessary to hold over until next issue News Notes relating to appointments and social activities.

Sister de Sales, St. Michael's Hospital, Toronto, Called from the Scene of Her Labours

The nursing profession in general, and the graduates of St. Michael's School of Nursing in particular, has sustained a great loss in the death of Sister de Sales, one of the pioneers of St. Michael's Hospital.

In the early morning of June 19th, 1932, at an advanced age, this remarkable life came to a close in the presence of the Superior of the hospital, Sister Margaret, the beloved niece of Sister de Sales. A brief illness from pneumonia, and this devoted sister and efficient nurse, who for forty years had ministered to the sick in this same hospital, peacefully passed away to go to meet her Master, whom she has so faithfully served for such a long period of years.

In 1892, when St. Michael's Hospital and Training School for Nurses was opened, Sister de Sales, after spending some time at Hotel Dieu in Montreal, returned to Toronto to the staff of St. Michael's Hospital. She became supervisor of third floor of the original building and continued as a supervisor up to a few weeks before her death. To the thirty-eight graduating classes of St. Michael's she has been known and loved as a supervisor, and in the early years of the hospital assisted in teaching practical nursing work. She was an exact and exacting nurse and supervisor, and as one who ever kept before her nurses those words of the late Sir William Osler, "Never forget that the patient is the centre of the scene." Her death comes to the graduates as the passing of a well-loved friend and an outstanding nurse, who watched over their advent into the wider fields of nursing in the world outside of their Alma Mater.

Sister de Sales was not outstanding for doing things of which the world heard much, but for the little things in the every-day life and the long years of continued and generous service, which were indelibly impressed on the lives of those who were so fortunate as to have lived and worked with her. She possessed the charm and the wit of the Irish race to which she belonged, and her keen sense of humour, mingled with most accurate observation and a beautiful piety, were characteristics of this gentle nurse and sister.

ELIZABETH REGAN.

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Earn a high school diploma, the equivalent of 4 years of regular school, in 15 to 18 months, by our highly specialized tutorial method of teaching. State entrance requirements fulfilled for pre-nursing, pre-medical and for all colleges and universities. Moderate tuition rates. Small classes. Days or evenings. We assist our students to procure desirable rooming and boarding accommodations at moderate rates

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Delegates and visitors to the American Hospital Association convention who are interested in securing additional educational equipment for applicants for student nurse training are invited to visit our school when passing through Chicago.

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The Children's Memorial Hospital

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Offers a three months' course in the Diseases of Children to graduates of accredited Schools of Nursing. The course includes lectures, clinics, classes and demonstrations, as well as inclusive practical experience in the various departments of the hospital. For application forms and further information apply to the Superintendent of Nurses.

EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

are to take place on the 19th and 20th of October, 1932. Requests for application forms should be made at once and form returned before September 19th, together with registration fee of $10.00, and, if granted, diploma of school. No undergraduates may write unless they have passed successfully all final Training School examinations and are within six weeks of completion of period of training of their school.

L. F. FRASER, Registrar,
10 Eastern Trust Building, Halifax, N.S.

THE CANADIAN NURSE

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Editor and Business Manager: JEAN S. WILSON, Reg.N.

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Official Directory

INTERNATIONAL COUNCIL OF NURSES

Secretary -- Miss Christiane Reimann, Headquarters: 14 Quai des Eaux-Vives, Geneva, Switzerland.

EXECUTIVE COMMITTEE, CANADIAN NURSES ASSOCIATION

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British Columbia: 1 Miss M. P. Campbell, 118 Vancouver Block, Vancouver; 2 Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; 3 Miss M. Kerr, 3435 Victory Ave., New Westminster; 4 Miss E. Franks, Ste. 5, Tudor Manor, 1035 Fairfield Rd., Victoria, B.C.

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New Brunswick: 1 Miss A. J. MacMaster, Moncton Hospital, Moncton; 2 Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; 3 Miss H. S. Dykeman, Health Centre, Saint John; 4 Miss Mabel McMullin, St. Stephen.

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Ontario: 1 Miss Mary Millman, 126 Pape Ave., Toronto; 2 Miss Constance Brewster, General Hospital, Hamilton; 3 Miss Clara Vale, 75 Huntley St., Toronto; 4 Miss Clara Brown, 23 Kendal Ave., Toronto.

Prince Edward Island: 1 Miss Lillian Pidgeon, Prince Co. Hospital, Summerside, P.E.I.; 2 Miss Anna Mair, Prince Edward Island Hospital, Charlottetown; 3 Miss Mona Wilson, Red Cross Headquarters, 59 Grafton St., Charlottetown; 4 Miss Mary Lowther, 179 Grafton St., Charlottetown.

Quebec: 1 Miss M. K. Holt, Montreal General Hospital, Montreal; 2 Miss Flora A. George, The Woman's General Hospital, Westmount; 3 Miss Marion Nash, 1246 Bishop Street, Montreal; 4 Miss Sara Matheson, Haddon Hall Apts., 2151 Lincoln Ave., Montreal.

Saskatchewan: 1 Miss Elizabeth Smith, Normal School, Moose Jaw; 2 Miss G. M. Watson, City Hospital, Saskatoon; 3 Mrs. E. M. Feeny, Dept. of Public Health, Parliament Buildings, Regina; 4 Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

ADDITIONAL MEMBERS TO EXECUTIVE
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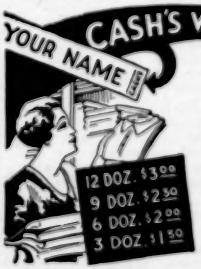

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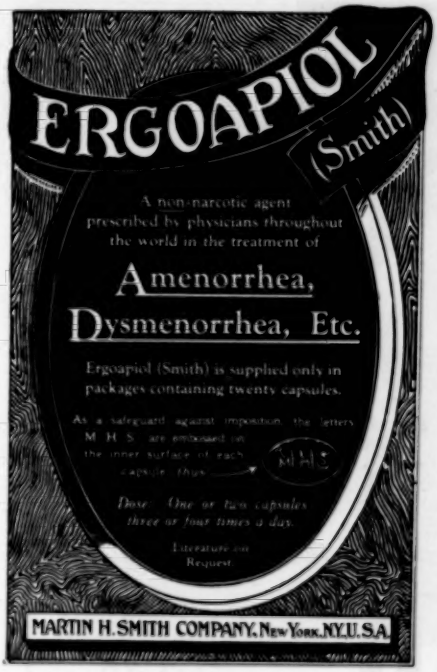
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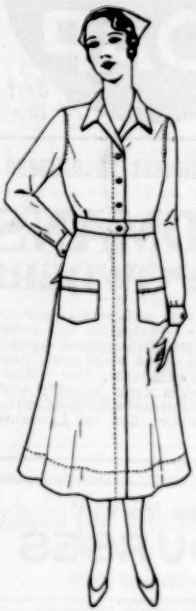

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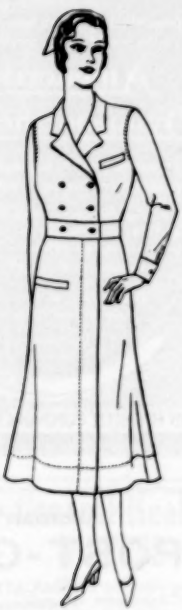

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